

L070000D68861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

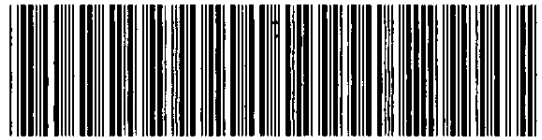
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV 28 AM 10:59

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOUSE OF HAIR, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ANGELA J. SANDERS  
(Contact Person)

HOUSE OF HAIR, LLC  
(Firm/Company)

4 September PLACE  
(Address)

PALM COAST, FL. 32164  
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL S. Friebis at ( 386 ) 788-6057  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HOUSE OF HAIR, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L07000068861

4. I, Doreen C. ALLGAIER, hereby resign as a Managing Member  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Doreen C. Allgaier

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

STATE OF Florida

COUNTY OF Alachua

The foregoing instrument was acknowledged before me this 24 day of Nov 2007 by Doreen Allgaier who is personally known to me or who has produced License as identification and did / did not take an oath.

(Signature of Person Taking Acknowledgement)

(Name of Acknowledger Typed, Printed or Stamped)

(Serial Number, if any)

CR2E079 (5/06)



Rene Majewski  
My Commission DD279539  
Expires January 30, 2008

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV 28 AM 10:59