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**EXAMINER** 

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: The one Haw Design 11C.  (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:	
Dawn L. Walker (Contact Person)	
The One Hair Design (Firm/Company)	
2322 Grant Aul (Address)	
Eustig F/ 32726 (City/State and Zip Code)	4644 <b>6</b>
For further information concerning this matter, please call:	- T
(City/State and Zip Code)  For further information concerning this matter, please call:    Dawn Walker   at (362) 357 - 1966 For Manager Parameters of State for: 38   38   38   38   38   38   38   38	in and a second
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301	



## 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: The One Hair Design Spa 110.	
	2. This limited liability company was organized under the laws of:  Florida STALE.	
~-	3. The Fiorida document/registration number of this limited liability company is:  L08000027066	
	4. I, Theodore M. Walker , hereby resign as a Manager a  (Print Name of Person Resigning) (Print Titte) of this limited liability company and affirm the limited liability company has been notified of the state of	1
	Musely M. Walker  Sixty of STATE  Sixty of Rain Marker	
	Signature of Resigning Member, Managing Member or Manager  Filing Fee: \$25.00 (Required)	
	Certified Copy: \$30.00 (Optional)	