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A. LUNT

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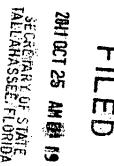
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10/25/11--01025--010 **55.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HUSH LACE WIGS 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:	
Shirley G. Moliere (Contact Person)	
(Firm/Company)	
3445 SW 62 A WAY (Address)	1
Miramar, FL 33023 (City/State and Zip Code)	ח
For further information concerning this matter, please call:	
Shirley G. Moliere at (305) 316-5747 (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 \$ Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	

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

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		appears on the records of the Fl	lorida Department	
of State is:	Kirley G. 1	Toliere		
	ility company was organized u	under the laws of:	CT 25 M	
	ment/registration number of the SOO 58125	his limited liability company is:	F STATE	
4. I, Shirley (Print N	G. Holiere Tame of Person Resigning)	, hereby resign as a Hono	raing Membe	ς
of this limited liab resignation in wri		limited liability company has been	en notified of my	
Shuf Motor)			
Signature of Resig	gning Member, Managing Me	mber or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			