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COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: Oasis Salon And Day Spa, 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: Stuart Rakestraw (Contact Person) Oasis Salon And Day Spa (Firm/Company) 565 W. Main Street (Address) Bartow, FL 33813 For further information concerning this matter, please call: Stuart Rakestraw (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **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)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as sis Salon And Day Spa	it appears on the records of the	e Florida Department	
2. This limited liab Florida	ility company was organized	under the laws of:		
3. The Florida doct L08000098	•	this limited liability company	is:	
4, I, Lonnie Rakestraw		, hereby resign as a MGRM		
/	ame of Person Resigning)	, ,g	(Print Title)	
resignation in wr		e limited liability company has	s been notified of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			