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(Requestor's Name)					
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OIVISION OF CORPORATIONS

J. BRYAN

JAN 1 3 2009

**EXAMINER** 

## COVER LETTER

Division of Corporations				
- · · · · · · · · · · · · · · · · · · ·				
SUBJECT: DYNASTY HAIR INTERN	NATIONAL LLC			
	Liability Company)			
The enclosed member, managing member or ma	nager resignation and fee(s) are submitted for			
filing.				
Diagram at the second of the s	matter to			
Please return all correspondence concerning this	matter to.			
CARL RUBIN MGR				
(Contact Person)				
DYNASTY HAIR INTERNATIONAL	LLC S S			
(Firm/Company)	JAH 12 PH			
40450 LAVE VICTA CIDCLE	72			
10450 LAKE VISTA CIRCLE	72			
(Address)	بن			
BOCA RATON, FL 33498	O9 JAN 12 PM 3: 23			
(City/State and Zip Code)				
* + 3				
For further information concerning this matter, p	please call:			
CARL RUBIN at	561 9392450			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the	ne Florida Department of State for:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
,	Coremou Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	I .			

CR2E079 (5/06)



## 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 of State is: DY	limited liability company NASTY HAIR INTE	as it appears on the re	cords	of the Florida I	Department
2. This limited liab FLORIDA	ility company was organiz	red under the laws of:			SECRETARY OP JAN 12
3. The Florida docu L0900000	ument/registration number 0673	of this limited liabilit	y com	pany is:	12 PH 3: 23
	ame of Person Resigning)	, hereby resign		(Print Title	e)
resignation in wr	bility company and affirm iting.	the limited hability co	ompan	y nas been noti	fied of my
	gning Member, Managing	Member or Manager	-		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				