L09000030769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800152673648

04/27/09--01068--002 **50.00

FILED
09 APR 27 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR 28 2009

EXAMINER

Damon C. Glisson

ATTORNEY AT LAW

5908 FORTUNE PLACE
APOLLO BEACH, FL 33572-2643
TELEPHONE 813-645-6796
Fax 813-645-8572

April 22, 2009

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: **Southshore Barber Styling LLC**
Document Number of LLC: L09000030769

Dear Sir or Madame:

Enclosed please find the original executed Change of Registered Agent for LLC and Resignation of Managing Member for Limited Liability Company regarding the above-referenced matter. Please file these documents accordingly. In addition, I have also enclosed a check in the amount of $50.00 to cover the cost of both documents.

If you should have any questions, please feel free to call me.

I appreciate your assistance in this matter.

Sincerely,

Damon C. Glisson

FILED
09 APR 27 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DCG:ask
Enclosure
i:\lord\state.ltr

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: SOUTHSHORE BARBER STYLING, LLC.

FILED
09 APR 27 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. The Florida document/registration number of this limited liability company is:
L09000030769.

4. I, DORINDA L. LORD, hereby resign as a MANAGER
(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.

Dorinda L. Lord
Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)