109 5000 44429

(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	l
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
Opeolal Histractions to	r iiing Onloci.	

Office Use Only



200185425462

09/20/10--01024--003 **25.00

20 W SEP 20 PM 1: 06
SEGREHARY OF STATE
ALLI AHASSEE, FLORIDA

TOURE

SEP 2 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GORGEOUS HAIR DESIGN & SF (Name of Limited Liability Cont.)	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
RUBEN D. TORO	
(Contact Person)	-
RUBEN TORO P.A.	SEEF TALL!
(Firm/Company)	
7901 KINGSPOINTE PKWY STE. 31	
(Address)	· FS
ORLANDO FL 32819	PM 1: 06 OF STATE E. FLORIDA
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
RUBEN D. TORO (Name of Contact Person) at (407 (Area Code	370-6445 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D • \$25 Filing Fee \$3.5 Filing Fee	Department of State for: 555 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 CR2E079 (5/06)	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 li of State is: GOF	mited liability company as	it appears on the records	of the Flo	orida De	partme 	nt -
 This limited liability company was organized und FLORIDA The Florida document/registration number of this L09000041429 		l under the laws of:		SEERE TA	20向 SEP 20	Summer of the state of the stat
		·		RY OF STAT	P# -:	
4. I, JOE L. VOL	.PATO	, hereby resign as a	MANA	GĒŔ-I	MEM	BER
(Print Nat	ne of Person Resigning)		(Pr	int Title)		
of this limited liabi resignation in writi	lity company and affirm thing.	e limited liability compar	ny has bee	en notifie	ed of m	ıy
Signature of Resig	ning Member/Managing N	Member or Manager				
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					