

L09000093771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

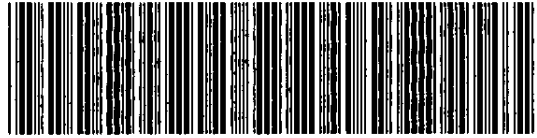
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2010 APR 12 A 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Theris  
4-21-10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GULF COAST HAIR FORCE# 1  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000093771

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARAH MOONIEN - KLINK  
Name of Person

GULFCOAST HAIR FORCE # 1  
Name of Firm/Company

18911 S. TAMIAMI TLR. #7  
Address

FORT MYERS, FLORIDA, 33908  
City/State and Zip Code

SARAHLEE 375@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAH MOONIEN-KLINK at ( 239 ) 225-5170  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ERICH BRADY

Name of Registered Agent

, hereby resigns as

Registered Agent for

GULFCOAST HAIR FORCE # 1, LLC


Name of Limited Liability Company

L09000093771

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
2000 APR 12 A 4:28  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE