L100000003767

(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:		
·		





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11/01/10--01021--003 **25.00

FILING CANCELLED RETURNED CHECK

2010 NOV - 1 PM 4: 36
SECRETARY OF STATE
TALLAHASSEE, FI ORIGA

J. SAULSBERRY EXAMINER NOV_2 2010

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Level Hended Gry (Name of Limited I	15
(Name of Limited I	Liability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Paul Misaia GNO (Contact Person)	
(Contact Person)	A. 2
STRAND SAION (Firm/Company)	SEURE LLAH
(Firm/Company)	AR.
168 NE 2Nd AVE (Address)	2010 NOV -1 PH 4: 36 SEURETARY OF STATE TALLAHASSEE, FLORID,
(Address)	PATE 3
Dellay Beach Pl 33444 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
PAM MiSci48 NO at (Name of Contact Person)	S6/ 865-76/9 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FILING CANCELLED RETURNED CHECK

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 it appears on the re	records of the Florida Department	
2. This limited liab	ility company was organized under the laws of:	<u> </u>	
HAIR, NAIL	and other Beauty Relates Service	ies And Sales OF Products	
•	ument/registration number of this limited liabilit	ity company is:	
L 1000 C	000 376 7		
4. I,	formy bvel hereby resign	en as a MGRM	
//////	/)		
	pility company and affirm the limited liability co	company has been notified of my	-
resignation in well	lting/	20]. 7ali	
Signature of Rest	gring Metrober, Managing Member or Manager	ZOIO NOV - I SEURETARY ALLAHASSE	•
		[7]	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)	PH 4: 36 PF STATE FLORIDA	