

L10000010298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

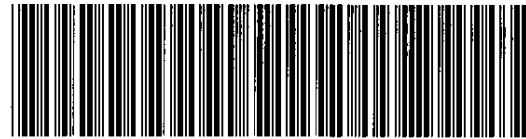
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

OCT - 4 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Stylist 411, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000010298

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:

Richard Bissonette  
Name of Person

Stylist 411, LLC  
Name of Firm/Company

18151 Prairie Creek  
Address

Punta Gorda, FL 33950  
City/State and Zip Code

rick@stylists411.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Bissonette at ( 941 ) 258-2949  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2011 OCT -3 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## 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,

Roger H. Miller III of Farr, Farr, Emerich, Hackett & Carr, hereby resigns as

Name of Registered Agent

Registered Agent for Stylist 411, LLC

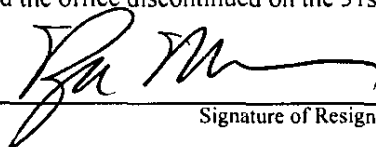
Name of Limited Liability Company

L10000010298

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:

Roger H. Miller III

Typed or Printed Name

Registered Agent

Capacity

FILED  
2011 OCT -3 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **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