

112000116838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

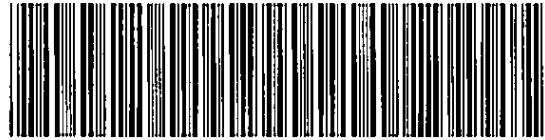
(Business Entity Name)

(Document Number)

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STATE OF ALABAMA

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APR 16 2020
1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S&L HAIR EXTENSIONS PLUS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000116838

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:

Chase A. Berger, Esq.

Name of Person

Ghidotti | Berger LLP

Name of Firm/Company

1031 N. Miami Beach Boulevard

Address

North Miami Beach, FL 33162

City/State and Zip Code

cberger@ghidottiberger.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chase A. Berger, Esq.

at (305) 501.2808
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Chase A. Berger, Esq., on behalf of BERGER FIRM PA

, hereby resigns as

Name of Registered Agent

Registered Agent for S&L HAIR EXTENSIONS PLUS, LLC

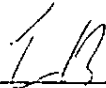
Name of Limited Liability Company

L12000116838

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:

Chase A. Berger, Esq., on behalf of BERGER FIRM PA

Typed or Printed Name

Authorized Member

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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS