

L12000132926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATION
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C. LEWIS
FEB -5 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOKENS HAIR GALLERY & BARBERING SALON, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Elisabet Matysik
(Contact Person)

(Firm/Company)

3176 RYANS CT
(Address)

Green Cove Springs, FL 32043-7022
(City/State and Zip Code)

For further information concerning this matter, please call:

Elisabet Matysik
(Name of Contact Person) at (904) 343-5446
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee
☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Participation Center



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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 limited liability company as it appears on the records of the Florida Department of State is: TOKENS HAIR GALLERY & BARBERING SALON, LLC

2. This limited liability company was organized under the laws of:

ANY & ALL LAWFUL BUSINESS

3. The Florida document/registration number of this limited liability company is:

L12000132926

4. I, Elisabet Matysik, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Elisabet Matysik
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)