

L13000/65461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
15 APR 13 PM 12:59

204/15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EMPRESS HAIR BAR & STUDIO LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

GAIL GIGI BROWN

(Contact Person)

EMPRESS HAIR BAR & STUDIO

(Firm/Company)

8390 NW 29TH STREET

(Address)

SUNRISE, FL 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

GIGI BROWN

(Name of Contact Person)

at 954 237-9659

(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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR 13 PM 12:59

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EMPRESS HAIR & STUDIO LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000165461

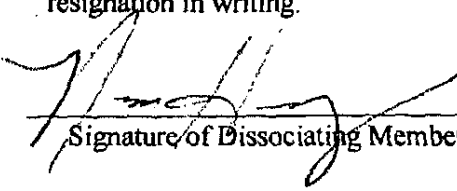
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01012015

4. I, NOEL H HARVEY, hereby withdraw/resign as a  
(Print Name of Person Resigning)

OWNER

(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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