L/4000119131

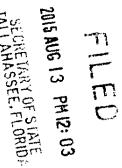
(Requestor's Name)			
(Address)			
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

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K.SALY EXAMINER AUG 17 2015

COVER LETTER

TO:	Registration Section
	Division of Corporations

Company
Liability Company and fee are submitted
ne following:
•
•
•
•
223-6564
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

1

Pursuant to the provision	s of section 605.0115, Florida Statutes, the undersi	gned,
YOAN MARIMON	h	creby resigns as
	Name of Registered Agent	ereby resigns as
Registered Agent for		0 2
EL REY BARBER S	HOP LLC	E. S. S. S.
	Name of Limited Liability Company	AP.
L14000119131		Q.
Document Nur	nber, if known	
	was mailed to the above listed limited liability columns and the office discontinued on the 31st day after the	
The agency is terminated	Signature of Resigning Agent	
If signing on behalf of an	entity:	
	YOAN MARIMON	
•	Typed or Printed Name	
	REGISTERED AGENT	
•	Capacity	·

ENLING 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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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
Tailabassee, FL 32314