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(Re	questor's Name)			
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: The LOFT HAIR and NAIL Lounge, 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:			
Arlene Frisk (Contact Person)			
The LOFT Hair and NAIl Lounge, LC (Firm/Company)			
709 W. Lums den Rd,			
Brandon, FL 33511 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Arlene Frusic at (813) (85 - 8777 (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$2.5 \text{Filing Fee} \text{\$55 \text{Filing Fee & Certified Copy}}			
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section			

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

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

CR2E079 (2/14)



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 rec	ords of the Florida Department
of State is:	e LOFT HAIR	and NAIL Low	mge, LLC.
2. The Florida docu	ument/registration number	assigned to this limited	d liability company is:
L140	OC 120170		
•		esigned or will withdra	nw/resign is: 10/31/201 Lo
4.1, Pen	· · · · · · · · · · · · · · · · · · ·	, hereby withdra	
	AGR(Print Title)		
of this limited lia resignation in wr		the limited liability cor	mpany has been notified of my
/	Bu J.	7	
Signature of Di	ssociating Member or Res	igning Manager	28
Filing Fee:	\$25.00 (Required)		TO THE THE PERSON OF THE PERSO
Certified Copy:	\$30.00 (Optional)		讀 三 四
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