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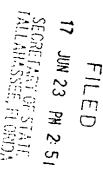
(Requestor's Name)					
(Address)					
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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations					
SUBJECT: KAI & CO. SALON, LLC					
	nited Liability Co	mpany)			
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to:				
Brett Tyler Smith					
(Contact Person)		_			
The Smith law Firm					
(Firm/Company)		_	74.T 138.	17	
509 Whitehead Street			医浴	JU	7
(Address)		_	SSS.	JUN 23	ī
Key West, FL 33040			E 72 S 72 S		
(City/State and Zip Code)		-	黑王	P# 2:5	
For further information concerning this matt	ter, please call:		5-11	<u>=</u> '	
Brett Tyler Smith	305	296-0029			
(Name of Contact Person)		e & Daytime Telephone Numb	oer)		
Enclosed please find a check made payable t □ \$25 Filing Fee		Department of State for: g 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 3231-	4		



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)

	limited liability company as & CO. SALON, LLC					
2. The Florida doc	ument/registration number a	ssigned to this limited lia	bility company is:			
L1400013957	9					
3. The date this me	ember/manager withdrew/res	igned or will withdraw/re	esign is:			
(Print N	yson 'ame of Person Resigning)		**************************************			
Manager						
	(Print Title)					
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compa	ny has been notified of my			
Signature of D	isso ciating Me mber or Resig	ning Manager	SECR FALL/			
~	\$25.00 (Required) \$30.00 (Optional)		JUN 23 . PETARY O			