14000/68773

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	s of Status
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K.SALY EXAMINER DEC 1 5 2015

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: THEBARBERSHOP941 LLC	:	
	ted Liability Com	pany)
The enclosed member, resignation or dissocia	ation and fee(s)	are submitted for filing.
Please return all correspondence concerning	this matter to:	
J. KEVIN DRAKE, ESQ.		_
(Contact Person)		
J. KEVIN DRAKE, P.A.		
(Firm/Company)		
1432 FIRST STREET		
(Address)		
SARASOTA, FL 34236		•
(City/State and Zip Code)		-
For further information concerning this matter, please call:		
J. KEVIN DRAKE, ESQ.	941 _ at (954-7750 X 108 & Daytime Telephone Number)
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee		
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

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)

	limited liability company as it appears on the records of the Florida Department BARBERSHOP941 LLC
2. The Florida docu L14000168773	ment/registration number assigned to this limited liability company is:
4. J. JOSEPH CO	nber/manager withdrew/resigned or will withdraw/resign is: DEC. 7, 2015 NTORNO, hereby withdraw/resign as a ame of Person Resigning)
MANAGING I	
of this limited lial resignation in wr	oility company and affirm the limited liability company has been notified of my ting.
Signature of Di	Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)