## L150000 57472

(Re	questor's Name)			
(Ad	idress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	Mait Wait	MAIL		
(Bu	siness Entity Nar	me)		
(Do	ocument Number)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations	,	A
Hair Factory & Company, LI	_C	
(Name of Lin	iited Liability C	ompany)
The enclosed member, resignation or dissoc	iation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
Joseph Burnetti		
(Contact Person)		<del></del>
Hair Factory & Company, LLC		
(Firm/Company)		<del>_</del>
401 Venture Drive		
(Address)		_
South Daytona, FL 32119		
(City/State and Zip Code)		<del>_</del>
For further information concerning this matt	er, please call	:
Joseph Burnetti	386 at (	334-6241
(Name of Contact Person)		le & Daytime Telephone Number)
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 Tallabassee, 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)

	Factory & Company, LLC	it appears on the records	of the Florida Department
2. The Florida doc L1500005747	ument/registration number as	signed to this limited lial	bility company is:
4. I, Douglas Enl	ember/manager withdrew/resi  OW  Name of Person Resigning)	gned or will withdraw/re	Δ '
Member ————	(Print Title)		
resignation in wi	ibility company and affirm the riting.  Member of Resignation		ny has been notified of my
Filing Fee:	\$25.00 (Required)		H 1: 48