(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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07/20/15--01012--004 **25.00



COVER LETTER

Tallahassee, Florida 32301

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Clark's Barber Law	rge LLC
(Name of Limited Liability Con The enclosed member, resignation or dissociation and fee(s	•
Please return all correspondence concerning this matter to:	
Jose Clark JR (Contact Person)	_
Clark's Barber Lange	euc
111 Thomhill Rd (Address)	_
FH Walton Beach FL 325 (City/State and Zip Code)	<u> 48</u>
For further information concerning this matter, please call:	
(Name of Contact Person) (Area Code	217-5764 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee \$25 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
2001 DAGGUIYO COIIGI CIIGIC	rananassee, ribilia 34314

Clark's Barber Lounge LLC

111 Thornhill Road

Ft Walton, FL 32548

Florida Dept of State

Registration Section

Division of Corporation

P.O. Box 6327

Tallahassee, FL 32314

Dear Sirs,

I recently had help registering a company that I was opening up with my son. The person who was assisting me got the company information mixed up. What I would like to do is to let my son have the use the name Clark's Barber Lounge and I would have the property it sits on. I would like to name the property, Jose Clark Sr Properties.

My son attempted to open his own LLC with the name Clark's Barber Lounge LLC, but my name was tied to it. Please give him the use the name and I will register the Jose Clark Sr Properties. I am requesting a credit to Jose Clark Sr Properties for the amount that was sent in of 78.50my future account.

Please contact my son (850)-803-4074 or myself (305) 793-6025 with any questions.

Thank you for your help in this matter.

Jose Clark St

305-793-6025



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 records of	of the Florida Department
of State is:	ark's Barbar	Lainge UC	
2. The Florida docu	ument/registration number as	_	
<u> 1500</u>	0056954	Ti20001913	999
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resi	ign is 14 15, 2014
4. I, <u>JOSE</u> (Print N	Jark Se ame of Person Resigning)	, hereby withdraw/res	sign as a
Preside	nt/managera (Print Title)	, 	
of this limited lial resignation in wri	pility company and affirm th		has been notified of my
Filing Fee:	ث \$25.00 (Required)		
Certified Copy:	\$30.00 (Required) \$30.00 (Optional)		(2) (2)