## L17000010627

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(Ad	dress)	
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ATTACASES ET OPIDA

K. SALY

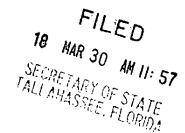
APR 2 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Barber Ch	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	Yice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
JEFFERY B156, Name of Person	ROVO
Barber Clair Firm/Company	LLC
P.O. Box 6 Address	03
Place Ida FL  City/State and Zip Code  Darber Chair // C  E-mail address: (to be used for future and constitution of the const	33946 Duaboo. Com
For further information concerning this matte	r, please call:
JOFFORY BISGRE Name of Person	OVA1 (8/5) 79/- 8377  Area Code & Daytime Telephone Number
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
Enclosed is a check for the followin	g amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (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 lin	nited liability company as it appears on the records of the Florida Department
of State is: B	arber Chair, LLC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
	00/0627
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: 2/1/18
4. I, Mh	e of Herson Resigning). hereby withdraw/resign as a
Am F	int Title)
of this limited liabilities	ity company and affirm the limited liability company has been notified of my
Signature of Diks	ociating Member of Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)