

L180000141098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

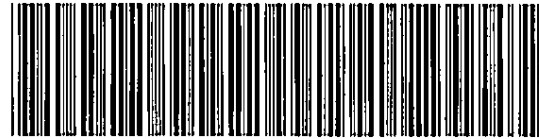
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600374038416

09/30/21--01010--022 \*\*55.00

2021 SEP 30 PM 11:05

2021 SEP 30

cc  
Resignation

OCT 10 2021

ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Anchored Salon and Beauty Bar  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Brandi Gordon  
(Contact Person)

Anchored Salon and Beauty Bar  
(Firm/Company)

8815 Navarre Parkway  
(Address)

Navarre, FL 32566  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brandi Gordon at 479, 2636384  
(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

☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2021 SEP 30 AM 11:05

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 the Florida Department

of State is: Anchored Salon and Beauty Bar

2. The Florida document/registration number assigned to this limited liability company is:

L180000141098

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/2021

4. I, Kelsey Robar, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

Kelsey Robar  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)