

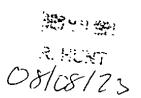
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





08/08/23--01815--017 **25.00





COVER LETTER

Registration Section Division of Corporations SUBJECT:_Kitty's Barbershop LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000277691 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115	, Florida Statutes, the unders	igned,			
United States Corporation Agents, Inc.			, hereby resigns as			
Name of Registered Agent						
Registered Agent for Kit	ty's Barbershop L	LC		<u> </u>		_
	Name of Limi	ted Liability Company				`
L18000277691						
Document Nun	mber, if known					
A copy of this resignation	n was mailed to the a	bove listed limited liability c	ompany at its la	ist known	addre	ess.
The agency is terminated	and the office discor	ntinued on the 31st day after Signature of Resigning Agent	the date on whi	ch this sta	ntemei	at is filed.
If signing on behalf of an	n entity:			(r~į	
Cheyenne Moseley					:) 	
		yped or Printed Name				
	Asst. Secretary for United States Corporation Age		ents. Inc.		ယ	
	FILING \$ 85.00	Capacity FEES:		SSEE. FL		greate Step 6
	\$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liability	d/ voluntarily d ty company	lissolved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314