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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
, ,,,	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
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APR 2-1 2021

R. HUNT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LUV THAT HAIR, LLC	
(Name of Limited Lia	ability Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
FRAN GLOVER	
(Contact Person)	<u>.</u>
LUV THAT HAIR, LLC	
(Firm/Company)	
5846 S. FLAMINGO RD., UNIT #122	
(Address)	
COOPER CITY, FLORIDA 33330	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
FRAN GLOVER 95	982-1755
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee \$5	Clorida Department of State for: 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



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)

	e limited liability company as it appears on the records of the Florida Dep	artment
of State is:	THAT HAIR, ELC	·
2. The Florida doc 1.19000122856	ument/registration number assigned to this limited liability company is:	2021 HAR - 1 HH 12: 07
GLOVER, KEV	ember/manager withdrew/resigned or will withdraw/resign is: 02/22/2020	
(Print A	, hereby withdraw/resign as a [ame of Person Resigning]	: 07
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified iting.	d of my
Kens	r Glover	
	ssociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	