

h20 000329645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

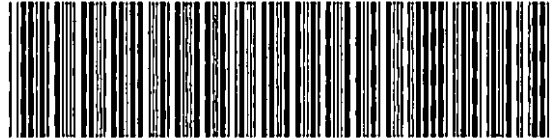
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/28/20--01009--015 **25.00

2020 DEC 28 PM 5:15
FILED
CLERK OF COURT
JANUARY 1, 2021

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FEB 08 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Loc & Grow By Gina Natural Hair Care Factory LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Sherika Johnson

(Contact Person)

Loc & Grow By Gina Natural Hair Care Factory LLC

(Firm Company)

2181 Mistybrook Court Suite C

(Address)

Jacksonville, FL 32221

(City State and Zip Code)

For further information concerning this matter, please call:

Sherika Johnson

904

775-1704

at ()

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

LED
2020 DEC 28 PM 5:15
STATE
SECRET

**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: Loc & Grow By Gina Natural Hair Care Factory LLC

2. The Florida document/registration number assigned to this limited liability company is:
S5-3520301

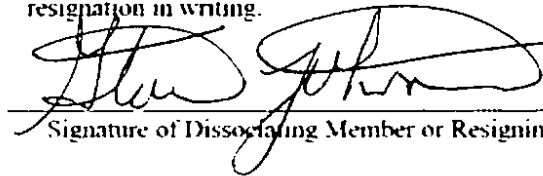
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10 20 2020

4. I, Gloria Johnson, 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.



Signature of Dissociating Member or Resigning Manager

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