

L23 000385182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

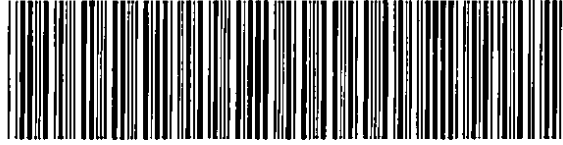
(Document Number)

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2023 NOV 28 PM 12:29  
TAL. CHANCELLER, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bekind Hair LLC  
(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:

Rebecca Long  
(Contact Person)

Bekind Hair  
(Firm/Company)

Actual  
Place → 1943 E State Road 60 Suite 101  
of  
business  
(Address)

Valrico FL 33594  
(City/State and Zip Code)

Billing  
(3503 Acorn  
Tampa, FL 33603)  
TALLAHASSEE, FL  
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For further information concerning this matter, please call:

Rebecca Long at ( 813 ) 562 9125  
(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

**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: Bekind Hair LLC

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

with code → 900414055999 / L23000385182 ← document #

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/24/23

4. I, Michael Eric Long JR, 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)