## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH !!

Account Number : 076077001702

Phone Fax Number : (407)841-1200 (407) 423-1831

## REGISTERED AGENT RESIGNATION

CARRS - THE TRADITIONAL BARBER, INC.

Certificate of Status	0
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Estimated Charge	\$87.50

AHD 25826/44550

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509	),
Florida Statutes, the undersigned, DEAN MEAD SERVICES, LLC		
, , ,	(Name of Registered Agent)	
hereby resigns as Registered Agent for	y resigns as Registered Agent for CARRS - THE TRADITIONAL BARBER, INC.	
	(Name of Corporation)	
P03000122837		
(Document Number, if known)	<del></del>	
	the above listed corporation at its last known a	•
this statement is filed.	discontinued on the 31st day after the date on w	hich ·
If signing on behalf of an entity:		
Alan H. Daniels		
	Typed or Printed Name)	
Vice President		
<del>-</del>	(Capacity)	160
Rea for filin	g this document:	09 FEB -3
	ive corporation	
\$35.00 - Adr	ministratively dissolved/voluntarily dissolved/	PR
witi	hdrawn corporation	Ö

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