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SECONDIANSSEE, FLORIDA

TAILANIASSEE, FLORIDA

J. BRYAN

OCT 1 8 2010

**EXAMINER** 

#### **COVER LETTER**

**Division of Corporations** Health WELLNess & Anti Aging Centers Lic (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Richard L FOX (Contact Person) (Firm/Company) N. Universit For further information concerning this matter, please call: Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

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

**MAILING ADDRESS:** 

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

CR2E079 (5/06)

TO:

Registration Section



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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2. This limited liab	ility company was o	organized und	er the laws of	2.			
3. The Florida docu	iment/registration n	umber of this			is: Total	т <b>ц</b> 144 г.	<b>1</b> ,
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Signature of Resi Filing Fee: Certified Copy:	gning Member, Ma \$25.00 (Require \$30.00 (Optiona	d)	er or Manage	<del>-</del> er	SEGRETAL SE TALLAHASSEE	10 OCT 15	TIL
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