

L12000056115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

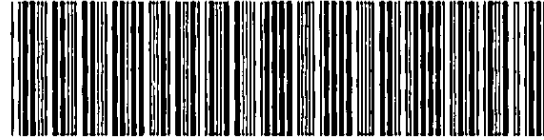
(Business Entity Name)

(Document Number)

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RA Resignation

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Samano Aesthetics
Name of Limited Liability Company

DOCUMENT NUMBER: L12000056115

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory P Samano II DO
Name of Person

Samano Aesthetics
Name of Firm/Company

499 E Central Parkway Ste 100
Address

Allamonte Springs, FL 32701
City/State and Zip Code

gps2do@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Geltz at (407) 641 5847
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

21 JAN 25 PM 2:03
STATE
DIVISION OF CORPORATIONS

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.

Sarah Geltz / Kendrick Law Group hereby resigns as
Name of Registered Agent

Registered Agent for Samano Aesthetics LLC
Name of Limited Liability Company

L12000056115
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Sarah M. Geltz
Signature of Resigning Agent

If signing on behalf of an entity:

Sarah m. Geltz
Typed or Printed Name
Senior Partner
Capacity

21 JAN 25 PM 2:03

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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