L15000021882

Florida Department of State
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Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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## LLC REGISTERED AGENT RESIGNATION
## SKIN CARE MANUFACTURING, LLC

| | |
|---|---|
| Certificate of Status | 0 |
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| Page Count | 01 |
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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

C T CORPORATION SYSTEM , hereby resigns as
Name of Registered Agent

Registered Agent for SKIN CARE MANUFACTURING, LLC

Name of Limited Liability Company

L15000021882
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.

Nancy Helm-Brown
Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELM-BROWN
Typed or Printed Name

ASSISTANT SECRETARY
Capacity

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| | |
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| $ 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| $ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |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**

INHS17 (2/14)