

1/30/24, 11:39 PM

Division of Corporations

L15000021882

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cls-agentresignations@wolterskluwer.com

FILED
2024 JAN 30 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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

LI5000021882

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

FILED
 2024 JAN 30 AM 9:08
 SECRETARY OF STATE
 TALLAHASSEE, FL

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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