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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-ŲP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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NA Resign Newis 9-18-09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Name of Limited Liability Company
DOCUMENT NUMBER: LOOOOOOO6499
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:
NEOH! DEZENZ Name of Person
Name of Firm/Company
, and of the company
18001 COLLING AVENUE, 31 ST FLOOR
SUNNY (GLES BEACH, PLOYION 33160 City/State and Zip Code
E-mail address: (to be used-for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 932-1000 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

DEZER PROPERTIES

18001 Collins Avenue – 31ST Floor Sunny Isles Beach, Florida 33160 Phone: (305) 932-1000

Fax: (305) 936-9908

BERNARD R. Diamond Executive Vice President and Senior Counsel

September 15, 2009

By Federal Express

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Nirvana Spa, LLC

Dear Sir or Madam:

Enclosed please find your form cover letter and its attached Registration of Registered Agent For a Limited Liability Company.

I also enclosed a check in the amount of \$85.00 as your registration fee.

Should you have any questions or comments regarding the enclosures, please feel free to call the undersigned at your convenience.

Truly yours,

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

SEMONE	ZAMYATIA Name of Registered Agent	J	, hereby resigns as	120°
	NINVANA SI			, ORE
	and the second of the second			7
	Name of Limited	d Liability Company		
4000000	06499			
Document Nun				
A copy of this resignation	was mailed to the abo	ove listed limited liabi	lity company at its last kno	own address.
The agonou is tempionted		nued on the 31st day	after the date on which thi	s statement is filed
The agency is terminated	and the office discontil	inded on the 51st day	ance the date on without the	saucment is med.
The agency is terminated	0	Med on the 91st day	7ent	s saucenem is ined.
	Semon		ent	s saucentin is incu.
	Semon		ent	s saucentin 13 filed.
If signing on behalf of an	Lemoni entity:		ent	s saucenem 13 med.

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