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RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Lilliana LAVERDE	, hereby resign		Managing	Member
of	Medicosmetics, LLC (Limited L	iability Company)		**** <u>*</u>	,
a limited	d liability company organized under the	e laws of the State of	<u>Florida</u>		
and affi	rm that the limited liability company ha	<i>}</i>	riting of the re		
	(Signature of resigning manage	auuul ger, managing memb	er or member)	T I SUN MODE	- -
			Y OF STATE EE, FLORIDA	P 2:38	

FILING FEE IS \$25.00

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