

L040000019912

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CALANDRINO LAW FIRM
Account Number : I20090000062
Phone : (407) 601-4905
Fax Number : (407) 601-4910

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TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

ALLURE MEDICAL & BEAUTY SPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

85.00

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10/9/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allure Medical & Beauty Spa, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000019912

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:

Amy Guy, Paralegal
Name of Person

Calandrino Law Firm, P.A.
Name of Firm/Company

301 East Pine Street, Suite 950
Address

Orlando, FL 32801
City/State and Zip Code

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

For further information concerning this matter, please call:

Amy Guy at (407) 601-4905
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Amy B. Duncan

Name of Registered Agent

, hereby resigns as

Registered Agent for Allure Medical & Beauty Spa, LLC

Name of Limited Liability Company

L04000019912

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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

INHS17 (08/05)

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