

L05000014202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

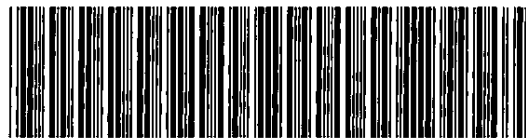
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 10 AM 10:15

B. Tedlock JUL 12 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A PROFESSIONAL MAKEOVER, LLC.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Castellano
(Name of Person)

A PROFESSIONAL MAKEOVER, LLC.
(Firm/Company)

411-N.W. 10th Terrace
(Address)

HALLANDALE Beach FL. 33009
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Castellano at (754) 423-2181
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Theresa Santangelo, hereby resign as managing Member
(Title)

of A PROFESSIONAL MAKEOVER, LLC.
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA.

and affirm that the limited liability company has been notified in writing of the resignation.

Theresa Santangelo
(Signature of resigning manager, managing member or member)

06 JUL 10 AM 10:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILING FEE IS \$25.00

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