105000084410

(Requestor's Name)
(Address)
. (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
·
Ogs

Office Use Only



400108575104

08/27/07--01003--006 **25.00



COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
Regutiful Skin Medical Sna I	10
SUBJECT: Beautiful Skin Medical Spa I (Name of Limited Liability Co	
,	
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	AL SE
Alina Gomez-Moser	7 AUG 27 PM 12: LL, ECRETARY OF STATE LAHASSEE, FLORIDA
(Contact Person)	AS C 2
	SET SET
Beautiful Skin Medical Spa LLC	E O P
(Firm/Company)	- Los 12
•	RATE
12877 Shirewood Lane	A · · · ·
(Address)	-
Jacksonville, FL 32224	
(City/State and Zip Code)	_
For further information concerning this matter, please call	:
Alina Gomez-Moser at 904	<u> </u>
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
	D
Enclosed please find a check made payable to the Florida \$25 Filing Fee	
▼ \$23 Filing Fee	\$55 Filing Fee & Certified Copy
	Сетиней Сору
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it apautiful Skin Medical S	-	ne Florida Department
2. This limited liab	lity company was organized und	ler the laws of:	07 AUG 27 SECRETARY TALLAHASSE
3. The Florida docu <u>L0500008</u>	ment/registration number of this	limited liability company	
4. I, Alina Goi	mez-Moser ame of Person Resigning)	, hereby resign as a Pre	esident (Print Title)
of this limited liab resignation in wri	pility company and affirm the lim	,	,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		