L05000086986

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

Office Use Only



700082789817

12/29/06--01016--024 **25.00

COVER LETTER

SUBJECT: NSW Cosmetics LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: EVILA DAVIS (Contact Person) NSW COSMETICS LLC (Firm/Company) (Contact Person) WARRING PEE 29 A HERRY OF SWAIT (City/State and Eip Code) For further information concerning this matter, please call: EVILA DAVIS (Name of Contact Person) (Name of Contact Person) Enclosed please And a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	Division of Corporations	
Please return all correspondence concerning this matter to: FYIKA DAWS Contact Person		Ompany)
EVILA DAVIS (Contact Person) White Company (City/State and Eip Code) For further information concerning this matter, please call: (Name of Contact Person) Enclosed please and a check made payable to the Florida Department of State for: \$25 Filing Fee STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Carporatory A HIT SO CETT, OF SO A HIT SO A		ignation and fee(s) are submitted for
City/State and Eip Code Co	Please return all correspondence concerning this matter to	o:
For further information concerning this matter, please call: Color Color Color Color	EVIKA DAVIS (Contact Person)	
For further information concerning this matter, please call: Color Color Color Color	NSW Cosmetics, LLC (Firm/Company)	2006 SECR TALLA
For further information concerning this matter, please call: Color	(305 Bay Club Drive #C	ורון כייין
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32314		A II: 50 F STATE FLORIDA
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	For further information concerning this matter, please cal	il:
\$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	Enka Dayis (Name of Contact Person) at (305) (Area Contact Person)	de & Daytime Telephone Number)
Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314		\$55 Filing Fee &
	Registration Section Division of Corporations Clifton Building	Registration Section Division of Corporations P.O. Box 6327

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Paige Galler Luxod , hereby resign as MGRM (Title)	-
of NSW COSMETICS, LLC (Limited Liability Company)	.,
a limited liability company organized under the laws of the State of Honda	_ ,
and affirm that the limited liability company has been notified in writing of the resignation.	
Regnature of resigning manager, managing member or members of REC 29 A II: 50 A SEE. FLORIDA	

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