LU600011555

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



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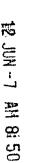
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B. KOHA

JUN 1 2012

2012



COVER LETTER

TO: Registration Section Division of Corporations	1
SUBJECT: Pure Salos of (Name of Limited Liabil	ity Company)
The enclosed member, managing member or manager filing.	r resignation and fee(s) are submitted f
Please return all correspondence concerning this matt	er to:
Michael Berger (Contact Person) Pure Sala : Spa (Firm/Company) 193 Z. Palmetto Park	 Rd.
(Address) Boca Raton Fl. 33 (City/State and Zip Code)	
For further information concerning this matter, please	
(Name of Contact Person) at (50)	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	rida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301







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

1. The name of the li	imited liability company as it	appears on the records	of the Florida Depar	tment
of State is:	ure Salon &.	Spa, LL	•	· •
2. This limited liabil	ity company was organized u	nder the laws of:		
	ment/registration number of the	nis limited liability com	npany is:	
4. I, Gerald (Print Nat	SciboreK me of Person Resigning)	, hereby resign as a	Managing (Printille)	Membe
of this limited liabi	ility company and affirm the ling.	imited liability compar	ny has been notified o	of my
(max	el ferlack			
Signature of Resig	ning/Member, Managing Mer	mber or ivianager		
Filing Fee:	\$25.00 (Required)			•
Certified Copy:	\$30.00 (Optional)			