

L 06000634210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

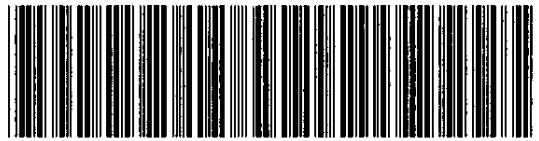
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. HAMPTON

NOV 26 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alicia Tullo

(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:

Alicia Tullo

(Contact Person)

(Firm/Company)

7025 CR 46A, Ste.1071, #517

(Address)

Lake Mary, Florida 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Alicia Tullo

(Name of Contact Person)

at (407) 221-1148

(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
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 NOV 25 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 7, 2008

ALICIA TULLO
7025 CR 46A
STE 1071 # 517
LAKE MARY, FL 32746

SUBJECT: MEDICAL SPA AT BHI LLC
Ref. Number: L06000034210

We have received your document for MEDICAL SPA AT BHI LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 308A00052850



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Medical Spa @ BHI, LLC
AT

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L06000034210

4. I, Alicia Tullo, hereby resign as a President
(Print Name of Person Resigning) *(Print Title)*

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

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA