

LD6000067532

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(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATION
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AETHETICS CLINIQUE OF FLORIDA 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:

PEDRO A VILLA MD

(Contact Person)

AESTHETICS CLINIQUE OF FLORIDA LLC

(Firm/Company)

17900 NW 5th STREET, SUITE 201

(Address)

PEMBROKE PINES, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

PEDRO A VILLA MD

(Name of Contact Person)

at (954) 376-7127

(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

**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: AESTHETICS CLINIQUE OF FLORIDA LLC

2. This limited liability company was organized under the laws of:
STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:
L06000067532

4. I, SIXTA CASTILLO, hereby resign as a MGRM
(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)

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DIVISION OF CORPORATIONS
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