

**LD6000075680**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

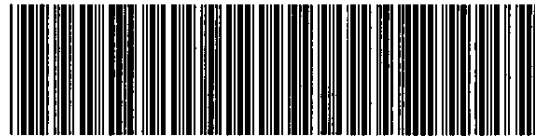
Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

OCT - 9 2009

**EXAMINER**



**100161458891**

10/08/09--01004--009 \*\*25.00

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 OCT - 8 PM 1:20**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A NEW YOU, 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:

ESTHER WITHEM  
(Contact Person)

A NEW YOU, LLC  
(Firm/Company)

3711 CRILL AVENUE  
(Address)

PALATKA, FLORIDA 32177  
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA WIGGINS at ( 386 ) 328-4164  
(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  
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**

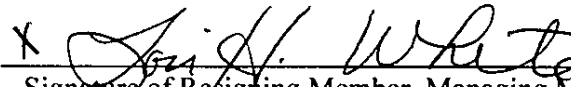
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: A NEW YOU, LLC

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

3. The Florida document/registration number of this limited liability company is:  
L06000075680

4. I, LORI H WHITE, hereby resign as a MANAGER  
*(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.

X   
Signature of Resigning Member, Managing Member or Manager

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT -8 PM 1:20