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SEPTEMBER OF FLORIDA

SEP 11 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Massage Timeout, 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:

Barbara Ferrero

(Contact Person)

Massage Timeout, LLC

(Firm/Company)

4501 Vineland Rd. Suite 103

(Address)

Orlando, FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Ferrero

 $_{\rm at}$ (40/ $_{\odot}$

928-7777

(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
Taliahassee, Florida 32301

MAILING ADDRESS:

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as ssage Timeout, LLC	it appears on the records of	f the Florida Depa	rtment
2. This limited liab	lity company was organized	under the laws of:		
3. The Florida docu L060000805	ment/registration number of 503	this limited liability compa	any is:	
_{4. I} , Eileen McIlvenna		hereby resign as a	CFO	
(Print Name of Person Resigning)		, hereby resign as a	(Print Title)	
of this limited liab resignation in wri	oility company and affirm the ting.	e limited liability company	has been notified	of my
Filing Fee:	mc Screen gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	Manager Iember or Manager	(0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	