16000097213

· (Re	questor's Name)			
(Ad	dress)			
- (Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE

SEP 2 9 2009 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Beauty Sensations, LLC	
(Name of Limited Liab	ility Company)
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
Theresa Bartholomew	
(Contact Person)	
Beauty Sensations, LLC	
(Firm/Company)	
861 Christina Circle	
(Address)	
Oldsmar, FL. 34677	
(City/State and Zip Code)	
For further information concerning this matter, please	se call:
Christine Rivera	727 ₎ 461-9515
	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl	orida Department of State for: √ \$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS.
Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 auty Sensations, LLC	• •	the Florida Department	
2. This limited liab	ility company was organized	l under the laws of:		
3. The Florida doci	ument/registration number of 7213	f this limited liability compa	any is:	
_{4. I,} Susan Brown		, hereby resign as a MGR		
(Print N	ame of Person Resigning)		(Print Title)	
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability company	has been notified of my	
Signature of Res	gning Member, Managing N	1ember or Manager		
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			