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SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN JAN 2 3 2007.

COVER LETTER

Division of Corporations			
SCHOLCY.	Anti - Aging imited Liability Company)	Clinic L	LC.
The enclosed member, managing member filing.	or manager resignation and fe	e(s) are submitted	l for
Please return all correspondence concerning	ng this matter to:		
Diahn Clark (Contact Person)	, Esq.		•
Meachan & Cl. (Firm/Company) 7025 N. Wickho (Address) Melboure To 3 (City/State and Zip Code)	un Rd. Suite	113B	SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS OF JAN 22 PM 3: 00
For further information concerning this ma	at (321) 795 (Area Code & Daytime Te		
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of \$55 Filing Fee Certified C	e &	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING A Registration Division of C P.O. Box 633	Section Corporations	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability com			_	-	
2. This limited liabi	lity company was or	ganized unde	r the laws of:			
	ment/registration nu		imited liability o	company is:		
4. I, Ros (Print No	S W. Cle	ark,	hereby resign as	s a MG-12 (Print	LM Title)	-
resignation in wri	7		• <u></u>	pany has been r	notified of m	iy
Filing Fee:	gning Member, Man \$25.00 (Required \$30.00 (Optional)	() ()	r or Manager		07 JAN 22 PM 3:	SECRETARY OF STA DIVISION OF CORPORAL