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(Ad	dress)	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Xoluxion Biocosmetics 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:

Elvis Salvador		
	(Contact Person)	
·	(Firm/Company)	
10901	NW 83 Street	205
	(Address)	
Doral	FI 33178	
(City/State and Zip Code)		

For further information concerning this matter, please call:

Same at (305) 205-8776 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

2 \$25 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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

I. The name of the limited liability compar of State is: Xoluxion Biocosmetics	y as it appears on the records of the Florida Department LLC .
2. This limited liability company was organ Florida	ized under the laws of:
3. The Florida document/registration numb	er of this limited liability company is:
4. I. Federico M Gomez	, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
resignation in writing.	m the limited liability company has been notified of my
Signature of Resigning Member, Managi	ng Member or Manager