| •                                       |  |  |
|---|--|--|
| (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: |  |  |
| Special metaded to thing ember.         |  |  |
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Office Use Only



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G. MCLEOD

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**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations |   |
|---|---|
| ·   |   |
|   | Pardo as operating manager of Unveil My Skin, LLC   |
| (Name of L  | imited Liability Company)                           |
| The enclosed member, managing member filing.      | or manager resignation and fee(s) are submitted for |
| Please return all correspondence concernir        | ng this matter to:                                  |
| Catarino Pardo                                    |   |
| (Contact Person)                                  |   |
| Unveil My Skin, LLC                               |   |
| (Firm/Company)                                    |   |
| 8102 Sheldon Rd APT 912cour                       | ntryside key blvd,                                  |
| (Address)   |   |
| Tampa, FL 33615                                   |   |
| (City/State and Zip Code)                         | <del></del>   |
| For further information concerning this ma        | atter, please call:                                 |
| Catarino Pardo                                    | at ( 727 ) 793-5213                                 |
| (Name of Contact Person)                          | (Area Code & Daytime Telephone Number)              |
| Enclosed please find a check made payable         | e to the Florida Department of State for:           |
| \$25 Filing Fee                                   | <b>√</b> \$55 Filing Fee &                          |
| <del></del>                                       | Certified Copy                                      |
| STREET/COURIER ADDRESS:                           | MAILING ADDRESS:                                    |
| Registration Section                              | 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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## 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<br>veil My Skin, LLC | it appears on the records of the Florida Department  |
|--|---|--|
| 2. This limited liab                       | ility company was organized                       | under the laws of:                                   |
| 3. The Florida docu<br>L07000025           | <del>-</del>                                      | this limited liability company is:                   |
| <sub>4. I.</sub> Catarino P                | ardo  | hereby resign as a Operating Manager                 |
| (Print Name of Person Resigning)           |   | , hereby resign as a Operating Manager (Print Title) |
| of this limited liab<br>resignation in wri |   | e limited liability company has been notified of my  |
| Cot Jona                                   | 6.  |  |
| Signature of Resi                          | gning Member, Managing M                          | ember or Manager                                     |
| Filing Fee:                                | \$25.00 (Required)                                |  |
| Certified Copy:                            | \$30.00 (Optional)                                |  |