•
(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:

A. LUNT

AUG 25 2009

EXAMINER

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08/21/09--01009--012 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Laser Meds (Name of Limited Li	pas LLC, iability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
Shawn Burkey (Contact Person)	2009 AI SECH TALLA
	HAS
(Firm/Company)	SEE.
1740 East Comme	SECHETARY OF STATE ALLAHASSEE, FLORID,
1740 East Comme (Address) Ft. Lander dale, FL (City/State and Zip Code)	33334
For further information concerning this matter, pl	ease call:
Shown Burkey at (954) 254-46/2 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Floridat Department of State is: Laser Medspas LLC.	nent
2. This limited liability company was organized under the laws of: Flocida REFORMATION SREET OF STATE ORDER SREET ORDER SRE	
3. The Florida document/registration number of this limited liability company is: L076000 75965.	
4. I, Adrian Sabatino, hereby resign as a MGRM (Print Name of Person Resigning) (Print Title)	_
of this limited liability company and affirm the limited liability company has been notified of resignation in writing.	my
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	