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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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J. BRYAN
MAR 2 1 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sacred Bodywork LL	_C Limited Liability Company)	
(Name of	Elimited Elability Company)	
The enclosed member, managing member filing.	r or manager resignation and fee(s) are submitted for	
Please return all correspondence concern	ing this matter to:	
Dennis Stovall		
(Contact Person)	7 20	
	PSE = T	
Sacred Bodywork LLC		
(Firm/Company)	ASS 20	
17351 SW 267 Ln	ZOIZHAR 20 PH 1: 18 ZOIZHAR 20 PH 1: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDI	
(Address)		
Homestead FL 33031	Dri 0	
(City/State and Zip Code)		
For further information concerning this m	natter, please call:	
Dennis Stovall	_{at (} 786 ₎ 261-6170	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payab \$25 Filing Fee	ele to the Florida Department of State for: \$55 Filing Fee & 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 32301	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

	mited liability company as ed Bodywork LLC	it appears on the records	·
2. This limited liabiling Florida	ity company was organized	under the laws of:	2012 HAR 20 F TALLAHASSEI
3. The Florida docum	nent/registration number of 917	this limited liability com	照主し
4. I, Jairo E Care	dona	, hereby resign as a _	MGMR
(Print Nat	ne of Person Resigning)		(Print Title)
	lity company and affirm the	e limited liability compan	y has been notified of my
resignation in writi	ng.		
Signature of Resign	ning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)