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SECRETARY OF STATE OF ONVISION OF CORPORATIONS

T. HAMPTON

DEC 3 0 2008

EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT: VIP Corporate Massage LLC (Name of Limited Liability Company)					
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for				
Please return all correspondence concerning	this matter to:				
Shari Kavalin					
(Contact Person)					
(Firm/Company)	<u></u>				
PO Box 590006	,				
(Address)					
Ft. Lauderdale, FL 33359					
. (City/State and Zip Code)					
For further information concerning this matter	er, please call:				
Shari Kavalin	at (954) 649-4026 (Area Code & Daytime Telephone Number)				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to	o the Florida Department of State for:				
✓ \$25 Filing Fee	\$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				
tatianassee, Fibrida 52301					

CR2E079 (5/06)



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 Corporate Massage		of the Florida Department	
2. This limited liab	oility company was organized	l under the laws of:		
3. The Florida doc L0800001	ument/registration number of	f this limited liability com	pany is:	
4. I, Shari Kavalin		, hereby resign as a MGRM		
(Print N	(Print Name of Person Resigning)		(Print Title)	
resignation in wr			ny has been notified of my	
Signature of Res	igning Member, Managing	lember or Manager		
Filing Fee:	\$25.00 (Required))	OIVISION O	
Certified Copy:	\$30.00 (Optional)		E 3	