L0800002731S

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(CII	ly/otate/Zip/Pnon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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D. SCOTT 0CT 2 4 2016

COVER LETTER

Division of Corporations					
SUBJECT: FLORIDA REJUVENATION HOLDINGS,	LLC				
(Name of Limited Liability Company)					
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.				
Please return all correspondence concerning this matter to:					
BRETT MARKOWITZ					
(Contact Person)	-				
FLORIDA REJUVENATION HOLDINGS, LLC					
(Firm/Company)					
2007 SWANN AVENUE					
(Address)	_				
TAMPA, FL 33606	TALSEC				
(City/State and Zip Code)					
For further information concerning this matter, please call:	20 P ARY OF ASSEE				
BRETT MARKOWITZ 813	484-7000				
	& Daytime Telephone Number				
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy				

STREET/COURIER ADDRESS:

Registration Section

TO:

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 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)



	limited liability company as i	it appears on the records of the F DLDINGS, LLC	Florida Department
2. The Florida docu L0800002731	_	signed to this limited liability co	mpany is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:	10/18/2016
4. I, HEAT CONC	EPTS, INC.	, hereby withdraw/resign as	a
MGRM			
	(Print Title)		
of this limited lial resignation in wr		limited travility company has b	een notified of my
Signature of Di	ssociating Member or Resign	ing Manager	SECRET ALLIANS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILEED CT 20 PH 2: FIARY OF STAN HASSEE, FLORE