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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)				
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T. HAMPTON

JUL 2 5 2008

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: Avon Beauty Center of Miami, a licensed Avon Beauty Center, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Alejandro Anton (Contact Person) (Firm/Company) 322 Costa Brava Court (Address) Coral Gables, FL 33143 (City/State and Zip Code) For further information concerning this matter, please call: Alejandro Anton Enclosed please find a check made payable to 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**

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Division of Corporations
P.O. Box 6327
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

			s of the Florida Department Avon Beauty Center, LLC
2. This limited liab Florida/U	ility company was organiz S.	ed under the laws of:	
3. The Florida doct L080000	ument/registration number 27634	of this limited liability con	mpany is:
4. I, Beatriz Anton (Print Name of Person Resigning)		, hereby resign as a	Managing Member
of this limited lial resignation in wr	bility company and affirm		any has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	vicinioer or wianager	
			08 SECF TALL

CR2E079 (5/06)