

L08000036179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

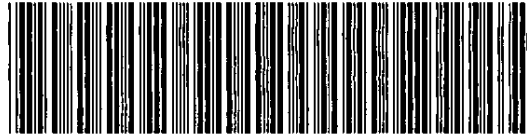
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUL 25 2012

EXAMINER



500237663195

07/23/12--01023--015 **100.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 23 AM 10:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cosmetic Laser Solutions, P.L.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted filing.

Please return all correspondence concerning this matter to:

Irfan R Imami

(Contact Person)

Cosmetic Laser Solutions, P.L.

(Firm/Company)

P O Box 819

(Address)

Melbourne, FL 32902

(City/State and Zip Code)

For further information concerning this matter, please call:

Alicia Stellato

(Name of Contact Person)

at (321) 733-1901 x110

(Area Code & Daytime Telephone Number)

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:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 23 4 10 PM '08



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 Florida Department of State is: Cosmetic Laser Solutions, P.L.

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L08000036179

4. I, Emran R Imami, hereby resign as a Managing Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 23 AM 10 58