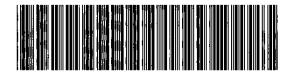
L08000107343

Office Use Only



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10/07/10--01024--014 **25.00

SECRETARY OF STATE SHIPS OF CORPORATIONS

F. HAMPTON BCT - 7 2010 EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: New Leaf Salon and Spa	a, LLC
(Name of Limite	d Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	uis matter to:
LaShauna Bauknecht	
(Contact Person)	
New Leaf Salon and Spa, LLC	
(Firm/Company)	
12 Aaron Circle	
(Address)	
Ormond Beach, FL 32174	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
LaShauna Bauknecht	352 ₎ 978-4457
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\sqrt{\$25} \sqrt{Filing Fee}	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: New Leaf Salon and Spa, LLC	
This limited liability company was organized ur Florida	nder the laws of:
3. The Florida document/registration number of th L08000107343	is limited liability company is:
4. I, Brad Bauknecht (Print Name of Person Resigning)	_, hereby resign as a Managing Member
of this limited liability company and affirm the li resignation in writing	` . · · · · · · · · · · · · · · · · · ·
Signature of Resigning Member, Managing Mem	-
	20

\$25.00 (Required) **1** \$30.00 (Optional)

SECRETARY OF STATEMENT OF CORPORATIONS

CR2E079 (5/06)

Filing Fee: Certified Copy: