

Nov. 9, 2011 11:11 AM LA OFF C

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Division of Corporation

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SANTUCCI, PRIORE & LONG, P.L.
Account Number : I20090000107
Phone : (954) 351-7474
Fax Number : (954) 351-7475

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JPRIORE@SPL-LAW.COM

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FEEL YOUNG FOREVER LLC

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FEEL YOUNG FOREVER 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:

Joseph V. Priore, Esq.
(Contact Person)

SANTUCCI PRIORE, P.L.
(Firm/Company)

200 South Andrews Avenue, Suite 100
(Address)

Fort Lauderdale, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph V. Priore at (954) 351-7474
(Name of Contact Person) (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

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TALLAHASSEE, FLORIDA



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: FEEL YOUNG FOREVER LLC

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

3. The Florida document/registration number of this limited liability company is:
L09000010478

4. I, Tammy Bennett, hereby resign as a Member/Manager/Secretary
(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.

A handwritten signature in black ink, appearing to read "Tammy Bennett", is written over a horizontal line.

Signature of Resigning Member, Managing Member or Manager

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

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