

Nov. 9. 2010 11:32AM

LAW OFFICE

No. 2751

P. 1/3

Division of Corporations

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L09000011902

Florida Department of State  
Division of Corporations  
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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

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\*\*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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LONGWOOD HEALING SPA LLC

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J. BRYAN

NOV 10 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LONGWOOD HEALING SPA 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

(Name of Contact Person)

at ( 954 ) 351-7474

(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 &  
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**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: LONGWOOD HEALING SPA 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:  
L09000011902

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.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

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

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