L09000038612

(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



500326857405

03/23/19--01012--033 **85.00



O RUCE IN

COVER LETTER

TO: Registration Section Division of Corporations	
VIP Aesthetics, LLC SUBJECT: Name of Limited Liability Company	
DOCUMENT NUMBER: L09000038612	
The enclosed Resignation of Registered Agent for a Limited Liability Comfor filing.	npany and fee are submitted
Please return all correspondence concerning this matter to the following:	
Stephen Cosentino	
Name of Person	
VIP Aesthetics, LLC	
Name of Firm/Company	
2720 East Oakland Park Blvd., Suite 102	2019
Address	
Fort Lauderdale, FL 33306	2019 HAR 29 FH 1: 34
City/State and Zip Code	里 国
chubsymax@gmail.com	
E-mail address: (to be used for future annual report notification)	ē. 2
For further information concerning this matter, please call:	
Stephen Cosentino	
Name of Person at () Area Code Daytime Tele	phone Number
Enclosed is a check made payable to the Florida Department of State for Stability company or \$25.00 for an administratively dissolved, voluntarily cliability company.	85.00 for an active limited dissolved or withdrawn limited

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 605.0115, Florida Statute	es, the undersigned,			
PBYA Corporate Services,	LLC	, hereby resigns as			
Name of	Registered Agent	, neredy resigns as	•		
Registered Agent for VIP Aest	hetics, LLC				-
	Name of Limited Liability Comp	any			.•
L09000038612					
Document Number, if kr	nown				
A copy of this resignation was me. The agency is terminated and the leading of t	s office discontinued on the 3 Signature of Resig	lst day after the date on which			
 -	Typed or Printed Nan		255 557	29	F
Litigat	ion Department Head		(1) <u>(1)</u>	12	
	Capacity		FLUMBA	FH 1: 34	ਦੂ" -
	FILING FEES: \$ 85.00 Active limited \$ 25.00 Administrative withdrawn lim	liability company ely dissolved/ voluntarily diss nited liability company	solved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314