L09000043572

(Requestor's Name)			
(Address)			
(Address)			
(Cil	ty/State/Zip/Phone	⇒ #)	
PICK-UP	MAIT	MAIL MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
,		· .	
•	•		

Office Use Only



400181594304

06/17/10--01028--017 **55.00

DESCRIPTION SHAPE

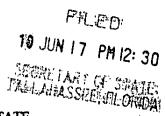
N. Gerragian JUN 1820101

COVER LETTER

TO Designation Continu		
TO: Registration Section Division of Corporations	٠,	
Division of Corporations	·	
SUBJECT: Simply Massage LLC		
(Name of Limited	d Liability Company)	
The analogad mamban manalog mamban as		c
The enclosed member, managing member or m filing.	ianager resignation and ree(s) are submitted	ЮГ
Please return all correspondence concerning th	is matter to:	
Lynelle Crews		
(Contact Person)		
Simply Massage LLc	,	
(Firm/Company)	•	
	•	
P.O. Box 5204		
(Address)		
·		
Ormond Beach, FL 32174	•	
(City/State and Zip Code)	·	
For further information concerning this matter,	please call:	
Lynelle Crews	1 (386) 672-1240	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Wandanakatana Gadanikan kanalangan Tanakatan	S 71 - 11 - D	
Enclosed please find a check made payable to t \$25 Filing Fee	\$55 Filing Fee &	
	Certified Copy	
	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

1,090000 43572





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 of State is:S	limited liability company as it imply Massage LLC	appears on the records of the Florida Department
2. This limited liab	ility company was organized u	nder the laws of:
3. The Florida doce	-	is limited liability company is:
4. I, Kiley McE	**************************************	, hereby resign as a MGR
(Print Name of Person Resigning)		(Print Title)
of this limited lia resignátion in wr		imited liability company has been notified of my
Here V	Mcshun_	•
Signature of Res	igning Member, Managing Me	nber or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	•
~		<u></u>