

L09000089013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
13 OCT 22 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2013

FABIOLA ARAGON
10841 NW 73 TERR
DORAL, FL 33178

SUBJECT: VELOUR MEDSPA, LLC
Ref. Number: L09000089013

We have received your document for VELOUR MEDSPA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00023389

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VELOUR MEDSPA LLC
(Name of Corporation)

DOCUMENT NUMBER: L09000089013

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fabiola M Aragon

(Name of Person)

STETICS, LLC

(Name of Firm/Company)

10841 NW 73 Terrace

(Address)

Doral, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

Fabiola Aragon

(Name of Person)

at (305) 9031676

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
13 OCT 22 PM 3:09
TALLAHASSEE, FLORIDA
STATE DEPT. OF STATE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

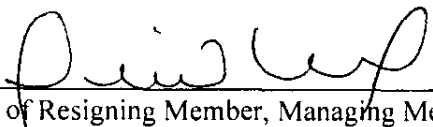
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: VELUX MEDSPA, LLC

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

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

4. I, FABIOLA M. ARAGON - STETICS LLC, hereby resign as a MEMBER
(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)