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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 24 2010

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: Eternal Youth Health S	pa			
(Name of Limited Liability Company)				
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for			
Please return all correspondence concerning	this matter to:			
Dawn Thibodeau	75 5			
(Contact Person)	PEG P			
Eternal Youth Health Spa	Allasson 23			
(Firm/Company)	THE P O			
219 Villa Di Este Terrace #201	NIG 23 PM 3: 19 CRETAINS OF STATE CRATASSEE, FLORIDA			
(Address)	P			
Lake Mary, FL 32745				
(City/State and Zip Code)				
For further information concerning this matter	er, please call:			
Dawn Thibodeau	at (407) 415-2201			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable t \$25 Filing Fee	o the Florida Department of State for: \$55 Filing Fee & 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 32301	Tallahassee, Florida 32314			

CR2E079 (5/06)

· TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it		Spalle.
2. This limited liabil	ity company was organized u	nder the laws of:	FILE D SECRETARSSEE TALLAHASSEE
	ment/registration number of th りゅりろみ 15	nis limited liability com	pany is: FLORIDA 3: 19
4. I, Mania (Print Nat	Sellars me of Person Resigning)	, hereby resign as a _	MC-L (Print Title)
of this limited liabi	ility company and affirm the ling.	imited liability compan	y has been notified of my
Signature of Resig	ning Member, Managing Men	mber or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)