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| PICK-UP | ☐ WAIT | MAIL | | |
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| Special Instructions to I | Filing Officer: | | | |
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SECRETARY OF STATE
JIVISION OF CORPORATIONS

10 MAR 23 AM 1 29

T. HAMPTON

MAR 2 4 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: New Life Cosme | etics |
| | me of Limited Liability Company) |
| The enclosed member, managing mofiling. | ember or manager resignation and fee(s) are submitted for |
| Please return all correspondence cor | ncerning this matter to: |
| Igor Rick | <u> </u> |
| (Contact Person) | |
| New Life Cosmetics | |
| (Firm/Company) | |
| 5165 NE 3rd CT #2 | |
| (Address) | |
| Miami/FL 33137 | |
| (City/State and Zip Co | ode) |
| For further information concerning t | this matter, please call: |
| Igor Rick | at (786) 379 2961 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made p | payable to the Florida Department of State for: |
| \$25 Filing Fee | \$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 32314 |
| Tallahassee, Florida 32301 | |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | | limited liability company a N Life Cosmetics LL | s it appears on the records of C. | of the Florida Department |
|------------|----------------------------|---|-----------------------------------|---------------------------|
| | | ility company was organize | d under the laws of: | |
| E I | | ument/registration number of $0 D\infty$.# $\angle 19000$ | of this limited liability comp | any is: |
| | _{4. I,} Gustavo P | | , hereby resign as a | Manager |
| | (Print N | ame of Person Resigning) | | (Print Title) |
| | resignation in wr | | Member or Manager | has been notified of my |
| | Filing Fee: | \$25.00 (Required) | Ţ. | 10 |
| | Certified Copy: | \$30.00 (Optional) | | ₹ |

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