

L10000006243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

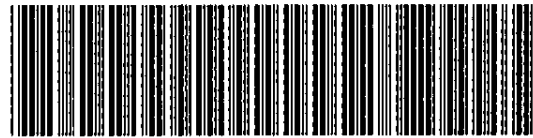
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TALLAHASSEE, FLORIDA

**FILED**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SURGEON'S COSMETIC CENTER & MEDSPA, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000066243

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ENRIQUE L. GOMEZ

Name of Person

SURGEON'S COSMETIC CENTER AND MEDSPA

Name of Firm/Company

8585 S.W. 72<sup>ND</sup> ST 107

Address

MIAMI FL. 33143

City/State and Zip Code

ELGOMEZMD@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENRIQUE L. GOMEZ

Name of Person

at (305) 790 5861

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

DANNAEH VILLA

Name of Registered Agent

, hereby resigns as

Registered Agent for

SURGEON'S COSMETIC CENTER & MEDSPA, LLC

Name of Limited Liability Company

L10000066243

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

DANNAEH VILLA

Typed or Printed Name

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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

INHS17 (08/05)

**FILED**  
11 NOV 29 PM 8:51  
SECRETARY OF STATE  
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