## 1110000011738

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800210574038

08/05/11--01005--011 \*\*25.00

FILED

11 AUG-5 PH 2: 28

SECRETARY OF STATES
FALLAHASSEE, FLORID.

J. BRYAN

AUG - 8 2011

**EXAMINER** 

## **COVER LETTER**

Registration Section

TO:

Division of Corporations	
SUBJECT: OM ACUPUNCTURE & FACIAL F	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Annie Sturman	_
(Contact Person)	
(Firm/Company)	SECR T
3854 Sheridan Street, Suite A	FFTAR FASS
(Address)	E PART
Hollywood,FL 33021	FLORE CHAIN
(City/State and Zip Code)	37. <b>6</b>
For further information concerning this matter, please call:	
Annie Sturman at 954	326-0603
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		it appears on the records of the F FACIAL REJUVENATI	
2. This limited liab	lity company was organized of Florida	under the laws of:	
3. The Florida docu L11000011	_	this limited liability company is	· :
•	pility company and affirm the	hereby resign as a Mana (e limited liability company has b	•
Mal	gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	lember or Manager	FILED 10 AUG-5 PH 2: SECRETARY OF ST FALLAHASSEE, FLO