

# L11000039557

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SERVICIOS COMUNITARIOS LATINOS INC  
Account Number : I20080000080  
Phone : (305) 642-1090  
Fax Number : (305) 642-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: PILIDI@Yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALL4 SEASONS-HEALTH & BEAUTY LLC

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Corporate Filing Menu

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J. SAULSBERRY  
EXAMINER

NOV 1 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALL4 SEASONS-HEALTH & BEAUTY LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARIA P. BARRAZA

(Contact Person)

ALL4 SEASONS-HEALTH & BEAUTY LLC

(Firm/Company)

14415 SW 88 ST #G206

(Address)

MIAMI, FL. 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA P. BARRAZA at 786 728-5012

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$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

CR2E079 (5/06)

2013 OCT 31 AM 9:16

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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: ALL4 SEASONS-HEALTH & BEAUTY 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:  
L11000039557

4. I, MARIA P. BARRAZA, hereby resign as a MGRM  
(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)

CR2E079 (5/06)



REINA Z. TAPIA  
MY COMMISSION # DD 921816  
EXPIRES: December 4, 2013  
Bonded Thru Budget Notary Services

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