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T. CLINE
APR 26 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOUVA VITA SKINCARE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERNEST VELASCO

Name of Person

Firm/Company

3701 SW 107 AVE

Address

MIAMI, FL. 33165

City/State and Zip Code

VELASCOE@BELLSOUTH.NET

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

For further information concerning this matter, please call:

ERNEST VELASCO

Name of Person

at (786)

280-2424

Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

NOUVA VITA SKINCARE LLC

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