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B. BOSTICK

DUL 1 3 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	HCG WEIGHT LOSS PLAN, LCC e of Limited Liability Company)
The enclosed member, managing mer filing.	mber or manager resignation and fee(s) are submitted for
Please return all correspondence conc	cerning this matter to:
JEFFREY S.	SCHNEIDER
	Weight Loss Plan, LLC
4259 10 th Ave (Address)	, /\(\lambda_i\)
Lake Worth (City/State and Zip Cod	FL. 33461 A SECOND TO SEC
For further information concerning th	no matter, prease can:
Je Hruy S. Schneide (Name of Contact Person)	at (SGI) 642-7770 (Area Code & Daytime Telephone Number)
Enclosed please find a check made pa \$25 Filing Fee	syable to the Florida 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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

L. The name of the li	mited liability company	as it appears on the records	s of the Florida I	Department	
of State is:	MIRACLE	HCG WEIGHT L	loss Plan	, LCC.	
2. This limited liabili	ty company was organiz	zed under the laws of:			
	FLORIDA	<u> </u>	,		
	nent/registration number	r of this limited liability con	npany is:		
444		·	n Λ	α Λ . Ι	
4. I, <u>LAURIE</u> (Print Nan	ne of Person Resigning)	, hereby resign as a	(Print Title	<u> Vlembe</u> e)	r
of this limited liabil resignation in writi		the limited liability compar	ny has been noti	fied of my	
Davis C) and	•	•	TA.	
Signature of Resign	ning Member, Managing	Member or Manager		11 JUI	ويعفردنك
Filing Fee:	\$25.00 (Required)			12/	-
Certified Copy:	\$30.00 (Optional)		· FORI	AH I:	