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Office Use Only



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11 JUL 15 BH ZH 24
SEURETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 18 2011

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: Slim Body Laser Spa, LL			
(Name of Limited	Liability Company)		
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for		
Please return all correspondence concerning this	s matter to:		
Joseph C. Day			
(Contact Person)			
The Best Day, LLC	SECR FALLA		
(Firm/Company)	HAAA		
5904 SE Glen Eagle Way	1 JUL 15 RM 22 24 EURETARY OF STATE LLAHASSEE, FLORID		
(Address)	100 Kg		
Stuart, FL 34997	24 ATE RIDA		
(City/State and Zip Code)			
For further information concerning this matter,	please call:		
	<u></u>		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: [] \$55 Filing Fee &		
	Certified Copy		
CORPORTION IN A PROPERTY	MAN ING ARRESS		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as n Body Laser Spa, Ll	it appears on the records of the _C	Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doct L11000069		f this limited liability company is	s:
4. I, Joseph C.	Day	, hereby resign as a Mana	aging Member
(Print N	ame of Person Resigning)		(Print Title)
resignation in wr	· · · · ·	e limited liability company has to the liability company	been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		15 PHIZE 21 ARY OF STATE SSEE, FLORID