**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000252679 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number ·: (305)220-1440

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

Email Address:

LLC REGISTERED AGENT RESIGNATION SLIM BODY WELLNESS CENTER OF DORAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$85.00

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON OCT 21 2010/19/2011

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe



October 20, 2011

## FLORIDA DEPARTMENT OF STATE

SLIM BODY WELLNESS CENTER OF DORAL, LLC 3900 NW 79TH AVENUE SUITE 102 DORAL, FL 33166US

SUBJECT: SLIM BODY WELLNESS CENTER OF DORAL, LLC

REF: L11000085727

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The cover sheet you are wanting it titled "LLC REGISTERED AGENT RESIGNATION".

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H11000251759 Letter Number: 311A00024003



October 19, 2011

FLORIDA DEPARTMENT OF STATE

SLIM BODY WELLNESS CENTER OF DORAL, LLC
3900 NW 79TH AVENUE SUITE 102
DORAL, FL 33166US

SUBJECT: SLIM BODY WELLNESS CENTER OF DORAL, LLC

REF: L11000085727

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

FAX Aud. #: H11000251340 Letter Number: 611A00023897

RECEIVED
10CT 20 AN IO: 42
ECRETARY OF STATE
LLAHASSEE, FLONIGA

۽ نپ

小川川 華 書は 少計 北京 日本

## #11000252679

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416	(2) or 608.509, Florida Sta	tutes, the undersigned,			
Melinda Cogswell			, hereby resigns as			
	Name of Registered Age	Name of Registered Agent				
Registered Agent for _	Slim	Body Wellness Center	er of Doral, LLC	- · · -	_	
	Name of Lin	nited Liability Company				
	V Starty Or Line	and Essouring Company				
	0085727					
Document h	Number, if known	_				
A copy of this resignat	ion was mailed to the a	above listed limited liability	y company at its last know	n address.		
The agency is terminat	ed and the office disco	ntinued on the 31st day aft	er the date on which this st	atement i	s filed	l.
	Meli	Signature of Regigning Agent	<u> </u>			
If signing on behalf of		Signature of Kongrung Agent				
		yped or Printed Name				
		Capacity	<u></u>			
·	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabi	company ved/voluntarily dissolved/ lity company	)ALLA	. 2011 OC	
	Make checks payat	ole to Florida Department o Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	f State and mail to:	HASSEE, FLORIDA	1 18 PH 4:54	FILED