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D. BRUCE
SEP 27 2011
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: SKIN VISION INTERNATIONAL	LLC	
(Name of Limited Liability C		_
The enclosed member, managing member or manager resfiling.	ignation and fee(s) are submitte	ed for
Please return all correspondence concerning this matter to	o:	
ROBERT B NELSON		
(Contact Person)		
(Firm/Company)	 ,	E S
3510 NE 19th Ave		P 2
(Address)	_	6 PM RY OF SEE. F
Oakland Park, FL 33308		F STAT
(City/State and Zip Code)	_	25 N
For further information concerning this matter, please call	l:	
Robert Nelson at (954	₎ 648-0145	
	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida [X] \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	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

	limited liability company as it appears on the records of the Flo IN VISION INTERNATIONAL, LLC	orida Department	
2. This limited liab	ility company was organized under the laws of:	11 SEP 26 EGRETARY	
3. The Florida doc: L11000089	ument/registration number of this limited liability company is:	PM 9:51 OF STATE E. FLORIDA	
4. I, BARON 1	ENTERPRISES, LLC hereby resign as a MGRM	<u> </u>	
(Print N	ame of Person Resigning) (Pr	(Print Title)	
of this limited lial resignation in wr	bility company and affirm the limited liability company has bee iting. By	:n-notified-of-my	
Signature of Resi	gning Member, Managing Member or Manager		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		