## L1200000183

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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MAY 22 2012 T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LIVE YOUS	Sest Events LLC. Liability Company)
The enclosed member, managing member or ma filing.	
Please return all correspondence concerning this	s matter to:
Shelley Training (Contact Person)	<del></del>
Live Your Best Events UC	<del></del>
8300 Henderson Grude (Address)	
	And the second of the second o
N. Ft. Myers Ft 33917 (City/State and Zip Code)	<del></del>
For further information concerning this matter, p	blease call:
Shelley Traury at (Name of Contact Person)	(239) 691-7272 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building  2661 Executive Center Circle  Tallahassee, Florida 32301	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

	mited liability company as it ap		
2. This limited liability	ity company was organized und		
<u>L22000</u> 4.1, Sriz			any is:  Office member
of this limited liabi resignation in writi	lity company and affirm the lim	ited liability company	
Filing Fee: Certified Copy:	\$25.00 (Required)	5. 5 <b></b>	E.VIS