L12000021940

(Requestor's Name)
(Address)
(Address)
(City/Chaha/Zin/Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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AUG-8 2012 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BEAUTY SYSTEMS OF AMERICA LLC		
(Name of Limited Liability Company)		
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Jose Rodriguez (Contact Person)		
DEPIWAX ORLANDO		
(Firm/Company)		
2941 E. COLONIAL DRIVE		
(Address)		
ORLANDO FL 32803		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
ToseRodrique 7 at (407) 895-0816 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$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

	it appears on the records of the Florida Department
of State is: BEAUTY SYSTEMS OF	AMERICA LLC
2. This limited liability company was organized FLORIDA	under the laws of:
3. The Florida document/registration number of	this limited liability company is:
L12000021940	· · ·
4. I, AMY HOLGUIN	, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the	limited liability company has been notified of my
resignation in writing.	
(MA)	
Signature of Resigning Member, Managing M	ember or Manager
V	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: