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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800) 494-3124  
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**LLC REGISTERED AGENT RESIGNATION  
GLAM CITY SALON & SPA LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$85.00

2017 MAY 26 PM 4:43

D. BRUCE  
MAY 30 2017

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**SUPERBIZ REGISTERED AGENT, INC.**

, hereby resigns as

*Name of Registered Agent*Registered Agent for **GLAM CITY SALON & SPA LLC***Name of Limited Liability Company***L12000022438***Document Number, if known*

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
*Signature of Resigning Agent*

If signing on behalf of an entity:

**TRACY COTTLE***Typed or Printed Name***SECRETARY***Capacity***FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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