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COVER LETTER

TO: Registration Section Division of Corporations ANTI-AGING LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: RAFAEL FERRER (Contact Person) F&S PROJECTS CORP (Firm/Company) 1920 N COMMERCE PARKWAY, STE. 1920-3 (Address) **WESTON, FL. 33326** (City/State and Zip Code) For further information concerning this matter, please call: RAFAEL FERRER 482.9681 (Name of Contact Person) (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: **MAILING ADDRESS:** Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

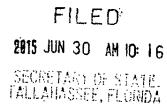
CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216. Florida Statutes)

1. The name of the limited liability of State is:	ompany as it appears on the records of the Florida Department.
	number assigned to this limited liability company is:
3. The date this member/manager wit	thdrew/resigned or will withdraw/resign is:
RONALD SALAS	hereby withdraw/resign as a
MGRM	
resignation in writig.	d affirm the limited liability company has been notified of my
Signature of Dissociating Membe	ror Resigning Manager