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To:

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

From:

Account Name : BELTRANO & ASSOCIATES
Account Number : 120010000166
Phone : (561)799-6577
Fax Number : (561)799-6241

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: service@beltranolaw.com

**LLC REGISTERED AGENT RESIGNATION
AESTHETIC WEIGHT LOSS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FILED
 2019 MAR 26 AM 9:50
 TALLAHASSEE, FL.

MAR 27 2019

S. PRATHER

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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,

Beltrano & Associates

Name of Registered Agent

, hereby resigns as

Registered Agent for Aesthetic Weight Loss, LLC

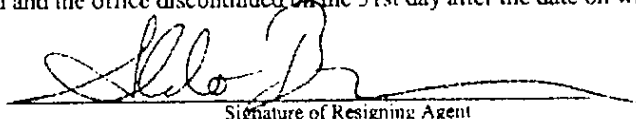
Name of Limited Liability Company

L12000108920

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:

Aldo Beltrano, President of

Typed or Printed Name

Aldo Beltrano, PA d/b/a Beltrano & Associates

Capacity

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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withdrawn limited liability company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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