

L12000122942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

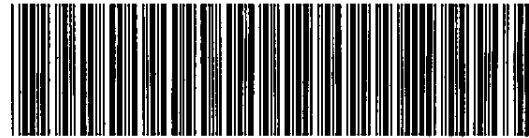
(Business Entity Name)

(Document Number)

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mgrm resignation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deep Knead MedSpa, LLC
(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:

Darcy R. Sawyers
(Contact Person)

Deep Knead MedSpa
(Firm/Company)

4109 NW 44th Ct.
(Address)

Gainesville, FL 32606
(City/State and Zip Code)

For further information concerning this matter, please call:

Darcy R. Sawyers at (352) 514-9887
(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:

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

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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 company as it appears on the records of the Florida Department of State is: Deep Knead MedSpa, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L12000122942

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/27/14

4. I, Alex Sawyers, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Alex S
Signature of Dissociating Member or Resigning Manager

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14 NOV 3 PM 4:55
SECRETARY OF
TALLAHASSEE FLORIDA

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)