L12000158629

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





600244451696

04/15/13--01001--002 **55.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

APR 1 2 2013 T. HAMPTON

COVER LETTER

	egistration Section ivision of Corporations		
SUBJEC	Spirit Day Spa,		
	(Name of L	imited Liability Co	mpany)
The enclo	osed member, managing member	or manager resig	gnation and fee(s) are submitted for
Please ret	turn all correspondence concernit	ng this matter to:	
Jame	es Stevens	· }	
 	(Contact Person)	· ·	_
N/A	,		
	(Firm/Company)		_
310 8	Salinas Drive		
	(Address)		
Palm	Beach Gardens,	FL 33410)
	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For further	er information concerning this ma	atter, please call:	
Jame	es Stevens	_{at (} 561	, 504-1301
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed	please find a check made payabl	e to the Florida l	Department of State for:
	□ \$25 Filing Fee		\$55 Filing Fee &
	J		Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
_	ion Section		Registration Section
	of Corporations		Division of Corporations
Clifton B	_		P.O. Box 6327
	ecutive Center Circle		Tallahassee, Florida 32314
Tallahass	ee, Florida 32301		

CR2E079 (5/06)



RECEIVED

13 APR 11 AM 6: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 2, 2013

JAMES STEVENS 310 SALINAS DR PALM BEACH GARDENS, FL 33410

SUBJECT: SPIRIT DAY SPA, LLC Ref. Number: L12000158629

We have received your document for SPIRIT DAY SPA, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$55.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist II

Letter Number: 413A00007743



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as rit Day Spa, LLC	it appears on the records of the	ne Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida docu L120001586		f this limited liability compan	y is:
4. I, Xinhui Vinc	ent	, hereby resign as a Ma	naging Member
(Print N	ame of Person Resigning)	•	(Print Title)
of this limited lial resignation in wri	iting.	e limited liability company ha	as been notified of my
		Lilih. Su	
Signature of Resi	gning Member, Managing M	fember or Manager	Market Market No. 1
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY DIVISION OF CC