

L13000124666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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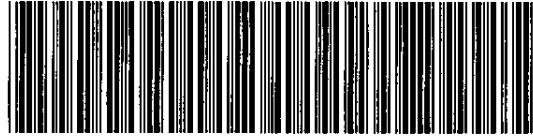
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB - 7 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIVAS FOR LIFE MEDICAL SPA, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000124666

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT J. GIVENS

Name of Person

SCOTT J. GIVENS, P.A.

Name of Firm/Company

601 BAYSHORE BLVD SUITE 150

Address

TAMPA, FL 33606

City/State and Zip Code

SGIVENS@SJGLEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT J. GIVENS

813

397-3944

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
RANDALL G. BOSTON

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **DIVAS FOR LIFE MEDICAL SPA, LLC**

Name of Limited Liability Company

L13000124666

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.

Randall G. Boston
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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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