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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| • | of Corporations | | | | | |
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| DI SUBJECT: | VAS FOR LIFE MEDICAL | SPA, LLC | | | | |
| SCHOLET | (Name of Lim | nited Liability Con | npany) | | | |
| The enclosed me | ember, resignation or dissoci | iation and fee(s | s) are submitted for fi | ling. | | |
| Please return all | correspondence concerning | this matter to: | | | | |
| SCOTT J. GIV | 'ENS | | | | | |
| | (Contact Person) | | _ | | | |
| SCOTT J. GIV | ENS, P.A. | | | | | |
| | (Firm/Company) | | | | | |
| 601 BAYSHOP | RE BLVD SUITE 150 | | | *** 2**/* | 2 | |
| | (Address) | | _ | 原 為 | 2014 FEB | المستاح المراد |
| TAMPA, FL 33 | 606 | | | 1 179 1 2 2 2 1 2 2 2 2 2 2 2 3 2 2 2 | EB -3 | Same de Same de |
| | (City/State and Zip Code) | | _ | 1 th -4 | 3 3₹ | i Tiy |
| For further infor | mation concerning this matt | er, please call: | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ₽ | a second |
| SCOTT J. GIV | 'ENS | 813 at (| 397-3944 | igni 1 | æ t_ | |
| (Name | e of Contact Person) | _ \ | & Daytime Telephone | Number) | • | |
| - | find a check made payable to \$25 Filing Fee | | Department of State for \$55 Filing Fee & Certified Copy | or: | | |
| STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo | oorations Center Circle | | MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida | ı itions | | |

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| DIVAS | nited liability company as it appo S FOR LIFE MEDICAL SPA, L | LC | orida D | epartm | nent | |
|--|---|-----------------------------|----------|-------------|---|--|
| | ent/registration number of this li | | | FEB -3 ŘM | and | |
| 3. The date this mem | ber withdrew or will withdraw is | DECEMBER 27, 2013 | | ## #: ## | · , | |
| | | | | EMBE | :R | |
| (Print Name of Person Resigning) | | (Print Title) | | | | |
| of this limited liabil resignation in writin | ity company and affirm the limiting. | ed liability company has be | en notif | ied of | my | |
| Randall | | | | | | |
| Signature of Resi | gning or Dissociating Manager, | Member | | | | |
| Filing Fee: | \$25.00 (Required) | | | | | |