

L14000026755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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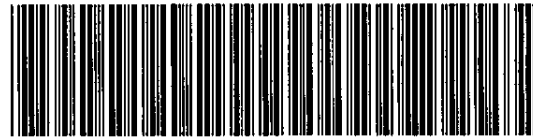
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 25 2014

C. CARROTHERS

C. CARROTHERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Beauty Medica

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000026755

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:

Elena Gorbunova

\_\_\_\_\_  
Name of Person

Beauty Medica, LLC

\_\_\_\_\_  
Name of Firm/Company

2721 NE 53rd Street

\_\_\_\_\_  
Address

Lighthouse Point, FL 33064

\_\_\_\_\_  
City/State and Zip Code

gorbunova\_e@hotmail.com

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

For further information concerning this matter, please call:

Elena Gorbunova

\_\_\_\_\_  
Name of Person

at ( 207 )

\_\_\_\_\_  
Area Code

4167091

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Olga Iarossevitch

, hereby resigns as

Name of Registered Agent

Registered Agent for Beauty Medica

Name of Limited Liability Company

L14000026755

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:

Typed or Printed Name

Capacity

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314