## L14000030376

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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MAR 1 2 2015

T. BROWN

R A. Rosa.

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the u	undersigned,	1 Sec. 12
GIOVANNI CAFARELLI	, hereby resigns as	PH 1:20
Name of Registered Agent	, nereo, resigns as	OFF. O
Registered Agent for VANITAS AESTHETIC LLC		
Name of Limited Liability Company		<del>,</del>
L14000030376		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liabi	ility company at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day	after the date on which this	statement is filed.
If signing on behalf of an entity:		
GIOVANNI CAFARELLI		
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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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