L16000 91165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

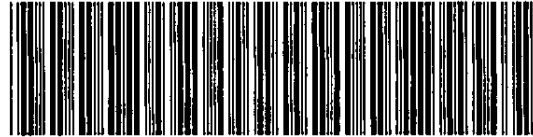☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000313274060

05/14/18--01020--015   **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REJUV MAXX OF DELRAY LLC
_____
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CYNTHIA MAYERS
_____
(Contact Person)

_____
(Firm/Company)

4057 NW 2ND CT
_____
(Address)

DELRAY BEACH, FL 33445
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

ILIAS TASSIOPOULOS   954   822-1670
_____ at (_____) _____
(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
■ $25 Filing Fee   ❑ $55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (2/14)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **REJUV MAXX OF DELRAY LLC**

2. The Florida document/registration number assigned to this limited liability company is: **L16000091165**

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **4/30/2018**

4. I, **CYNTHIA MAYERS**, hereby withdraw/resign as a
   (Print Name of Person Resigning)

   AMBR
   (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

_____
Signature of Dissociating Member or Resigning Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

CR2E079 (2/14)