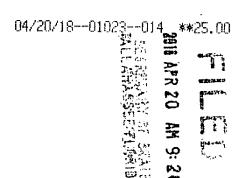
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RR PARRIE

COVER LETTER

SUBJECT: STRAWBERRY (ASER LIPO ST BREVA (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: Strawberry laser to of brevard (Firm(Company)) 1550 monte Carlo at (Address) Mertt Island fl 32957 (City/State and Zip Code) For further information concerning this matter, please call: TULIF La COMDE at (HO) (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: [2525 Filling Fee	Division of Corporations
Please return all correspondence concerning this matter to: JULIE	
JULIE La LONDE (Contact Person) Strawberry laser top of brevard (Firm/Company) 1550 monte Carlo Ct (Address) Meritt Island fl 32957 (City/State and Zip Code) For further information concerning this matter, please call: JULIE La CONDE at (407) 233-6297 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Strawberry laser top of brevard (Firm/Company) 1550 monte Carlo ct (Address) Mertt Island fl 32957 (City/State and Zip Code) For further information concerning this matter, please call: JULIE La CONDE at (407) 233-6297 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	
ISSO monte Carlo ct (Address) Me(ritt ISland F(3295 Z) (City/State and Zip Code) For further information concerning this matter, please call: JULIE La CONDE at (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	JULIE La LONDE (Contact Person)
(Address) MQ(f; H= TS and f	Strawberry laser topo of brevard
MQ(f; H island, f 32957 (City/State and Zip Code) For further information concerning this matter, please call: JULIE La (ONDE at (J) 233-6297 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	
TOLIE La COMPE at (407) 233-6297 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	Merritt island Fl 32952
Enclosed please find a check made payable to the Florida Department of State for:	For further information concerning this matter, please call:
	JULIE La COMPE at (407) 233-6297 (Name of Contact Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section

TO:

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

CR2E079 (2/14)

MAILING ADDRESS:

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



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 li	mited liability company as it a	nnears on the reco	rds of the Fl	orida De	enartment
	MAWBERRY	•			•
L1600	ent/registration number assign	_•	-		
3. The date this mem	ber/manager withdrew/resigne	d or will withdraw	//resign is: _	9-1	<u>8-78</u>
4. 1, Brenda Presio	Sanche 2 ne of Person Resigning) ENT rint Title)	_, hereby withdrav	w/resign as a	1	
resignation in writing		•	pany has be	en notifi	ed of my
Dren	ola faucl	rs 7			
	ociating Member or Resigning \$25.00 (Required)			BUMB SKIPELS	APR 20 AM 9: