

116000174142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

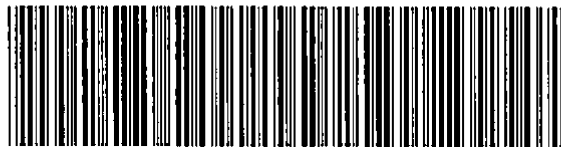
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2017 AUG 14 AM 10:33  
J. HARRIS

AUG 15 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Radiant Aesthetic 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:

Susan Ricca  
(Contact Person)

Radiant Aesthetic LLC  
(Firm/Company)

190 Congress Park Dr. Ste 180  
(Address)

Delray Beach FL 33445  
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Ricca at (561) 221-4165  
(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:**

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

**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 limited liability company as it appears on the records of the Florida Department of State is: Radiant Aesthetic LLC

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

616000174142

3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 21, 2017

4. I, Jennifer Pelotte, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR  
(Print Title)

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

J Pelotte

Signature of Dissociating Member or Resigning Manager

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

FILED  
2017 AUG 14 AM 10:39  
TALLAHASSEE FLORIDA  
STATE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS