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COVER LETTER

Name of Limited Liability Company DOCUMENT NUMBER: L16000182916 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: MARIA L. RODRIGUEZ Name of Person Name of Firm/Company 3971 ETERNITY CIRCLE Address SAINT CLOUD, FL 34772 City/State and Zip Code nery11966@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS BAJANA, JR. Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Buildung	THE BEAUTY FACTORY SA	ALON & SPA.	LLC		
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	Tallahassee, FL 32314		_		

Tallahassee, FL 32301

INHS17 (2/14)

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115,	Florida Statutes, the undersig	med,		
MARIA L. RODRIG	SUEZ	, he	ereby resigns as		
	Name of Registered Agent	·	, ,		
Registered Agent for	HE BEAUTY FACTO	ORY SALON & SPA, LL	.C	<u></u>	
1-1-1-1-1	Name of Limite	d Liability Company		,	
L16000182916					
Document N	umber, if known	_			
A copy of this resignati	on was mailed to the abo	ove listed limited liability con	npany at its last kno	wn address.	
The agency is terminate	ed and the office disconti	inued on the 31st day after the	e date on which this	statement is file	:d.
	Maria buisa	Rudnique, ignature of Resigning Agent			
If signing on behalf of	an entity:				
	THE BEAUTY FAC	CTORY SALON & SPA,	LLC	2018 HAR	
	Тури	ed or Printed Name		= =	7
	MANAGER			₩ 2	T
		Capacity		200	m
	\$ 25.00	EES: Active limited liability comp Administratively dissolved/ withdrawn limited liability of	voluntarily dissolve	¥ 4.286 3. 4. 28	Ö

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

INHS17 (2/14)