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SECRETARY OF STATE
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K. SALY MAR 1 9 2018

COVER LETTER

TO: Registrati	on Section of Corporations				
SUBJECT:	SAPPHIRA	ESTETICA	FLORIDA, 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:					
JUAN 3	JOSE AGUERO	>			
	(Contact Person)				
SAPPIAIRA ESTETICA FLORIDA, LLC (Firm:Company)					
2841 N	t 163rd st.	APT. 514			
	(Address)		 -		
North Miani Beach, FL 33160.					
	(City/State and Zip Code)				
For further information concerning this matter, please call:					
Juan Jose	Abutro	at (_ 954	S34-1062 de & Daytime Telephone Number)		
(Name	of Contact Person)	(Area Coo	de & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$2.525 Filing Fee					
STREET/COUF Registration Sect Division of Corp Clifton Building			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive (Tallahassee, Flor			Tallahassee, Florida 32314		
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	e limited liability com	pany as it appears	s on the records of the Florida Department
of State is:	SAPPHIRA	ESTETICA	FLORIDA, LLC
2. The Florida doc	rument/registration nu	ımber assigned to	this limited liability company is:
<u>L17</u>	00018733	3	
3. The date this me	ember/manager withd	trew/resigned or v	vill withdraw/resign is: 03-07-2018
4. I. JUAN - (Print)	JOSE AGUERO Name of Person Resigning) her	eby withdraw/resign as a
Hem) Ov . (Print Title)	·	
of this limited lia resignation in w		affirm the limited	liability company has been notified of my
Signature of D	issociating Member o	or Resigning Man	ager
	\$25.00 (Required \$30.00 (Optional		