## L19000040666

(Requestor's Name)				
(Address)				
(1001000)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Control Conice				
Certified Copies Certificates of Status				
Special Instructions to Cilian Officer:				
Special Instructions to Filing Officer:				

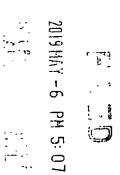
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Office Use Only



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U5/U5/19--U1025--U07 \*\*110.00



R. WHITE.

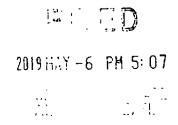
## **COVER LETTER**

TO:

CR2E079 (2/14)

TO:		stration Section sion of Corporations		
SUBJI	ECT:	ELITE AESTHETICS & I		
		(Name of	Limited Liability Con	mpany)
The en	closed	l member, resignation or dis	sociation and fee(	s) are submitted for filing.
Please	return	all correspondence concern	ing this matter to:	
JOSE	J. CA	ASTANEDA,MS.PA		
	•	(Contact Person)		_
ELITE	AES	THETICS & NUTRITION	MEDSPA, LLC	
		(Firm/Company)		<del></del>
10796	PINE	ES BLVD SUITE 201B		
		(Address)		_
PEMB	ROK	E PINES, FLORIDA 3302	26	
		(City/State and Zip Code)		_
For fur	ther in	formation concerning this n	natter, please call:	
JOSE	J. CA	STANEDA,MS.PA	305 at (	6106511
	(N	ame of Contact Person)		& Daytime Telephone Number)
Enclose		ase find a check made payab Fee		Department of State for: g Fee & Certified Copy
Registr Divisio Clifton 2661 E	ation S n of C Build xecuti	DURIER ADDRESS: Section Corporations ing ve Center Circle 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)

	limited liability company as i	it appears on the records of the Florida Department TION MEDSPA, LLC
2. The Florida docu L 1900004066		signed to this limited liability company is:
3. The date this mer	mber/manager withdrew/resis	gned or will withdraw/resign is:
		hereby withdraw/resign as a
D (MGR)		
	Print Title)	
of this limited liab resignation in writ		limited liability company has been notified of my
Ja	It wy sto	
Signature of Dis	sociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	S25.00 (Required) S30.00 (Optional)	