

L20000 196 Oct

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

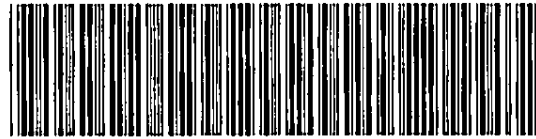
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 09/25/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Skin Beauty Essentials 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:

Bryanna Stokes  
(Contact Person)

Skin Beauty Essentials LLC  
(Firm/Company)

P.O. Box 970402  
(Address)

Box 970402 FL 33428  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bryanna Stokes at (772) 218 0621  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303