## L2200024746

(Requestor's Name)		
(Address)		
(Address)		
(100.000)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	/AIL	
(Business Entity Name)	_	
(Odsiness Linky Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE OF

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:	
(Name of L	Limited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to:
DIANA ALVARADO	
(Contact Person)	
TOP MEDSPA & CLINIC, LLC	
(Firm/Company)	
2768 W LAKE MARY BLVD	
(Address)	
LAKE MARY, FL 32746	
(City/State and Zip Code)	<del></del>
For further information concerning this mat	tter, please call:
DIANA ALVARADO	862 247-5508 at (
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable   ■ \$25 Filing Fee	
	The same to the continued copy
Mailing Address: Registration Section	Street Address:

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

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

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 of State is: TO	ne limited liability company as	s it appears on the records of the Florida Department
		ssigned to this limited liability company is:
CODING DO		igned or will withdraw/resign is: 01/01/2023
(Print	Name of Person Resigning)	, hereby withdraw/resign as a
AMBR		
	(Print Title)	
of this limited lineresignation in w	ability company and affirm the	e limited liability company has been notified of my
Con	inPeach	
Signature of D	issociating Member or Resign	ning Manager
filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	20

JUL -7 AM 8:

FILED SUCKETARY OF STATE FOR TORRISE