## L2 3000115385

(Requestor's Name)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MED SPA-WX LL (Name of Limite	2 ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
Alan ARAYP (Contact Person)	
HED SPALUX, LLC (Firm/Company)	
805, 5 Mani Aue 9	m floor
Highli / FL 33130 (City/State and Zip Code)	<u> </u>
For further information concerning this matter	, please call:
ALAN ARAUTO (Name of Contact Person)	at ( <b>786</b> ) 3024653 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 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)

1. The name of the l	imited liability company a	s it appears on the records	s of the Florida Department
	ed SPA lux, L.		<u> </u>
	ment/registration number a	assigned to this limited lia	bility company is:
<u>L230001</u>			esign is: 10/02/2023
4. I. Washing (Prince No.	Ferreira ime of Person Resigning)	, hereby withdraw/r	resign as a
	Print Tide)		
of this limited liab resignation in wri		he limited liability compa	my has been notified of my
Signature of Di	sociating Member or Resi	gning Manager	2023 OCT 24 SECHARISE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		T24 MIII: