L23000168258

(Re	equestor's Name)	
(Ác	ldress)	
(Ac	idress)	-
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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ALLAHASSEE, FLORIDA

2024 JUN 20 AM II: 3

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: South Florida Aesthetics and Wellness, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L23000168258
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at (
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	15, Florida Statutes, the unc	Jersigned,			
United States Corp	oration Agents, li	nc.	_ , hereby resigns a	ıc		
	Name of Registered Age	ent	_ thereby resigns a	.3		
Registered Agent for S	outh Florida Aest	thetics and Wellness, I	LLC 		 _	
	Name of Lin	nited Liability Company				a.
L23000168258						
Document No	ımber, if known	— —				
A copy of this resignation	on was mailed to the	above listed limited liabilit	y company at its las	st known a	ıddress.	
The agency is terminate		ontinued on the 31st day affaire Treutlein Signature of Resigning Agent		h this state	ement is	i filed.
If signing on behalf of a	n entity:					
	Erik Treutlein					
	7	Typed or Printed Name		_	22	
	Vice President for U	Jnited States Corporation A	gents, Inc.	ÄLL	124	
		Capacity		TALLAHASS	2024 JUN 20	T
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolved withdrawn limited liabi	ved/ voluntarily dis	Y OF S	20 AM II: 36	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314