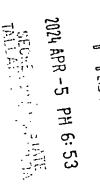


(Requestor's Name)
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04/05/24--01011--006 **55.00



COVER LETTER

TO: Registration Section Division of Corporations

GLOWHOUSE MED SPA LLC SUBJECT:		
(Name of Li	mited Liability Co	mpany)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to	;
Tiffany O'Brien		
(Contact Person)		_
GLOWHOUSE MED SPA LLC		
(Firm/Company)		
2020 Wessex Ct		
(Address)		_
Alpharetta, GA 30009		
(City/State and Zip Code)	· ·	_
For further information concerning this ma	uter, please call	:
Tiffany O'Brien	954 at (257-2690
(Name of Contact Person)	(Area Coc	le & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florida	Department of State for:
□ \$25 Filing Fee	■ \$55 Fili	ng 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



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	limited liability company as i	t appears on the records of	the Florida Department
of State is:	/HOUSE MED SPA LLC		77.5
	ment/registration number ass	signed to this limited liabili	UI (
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resig	gn is: 6
Dennis Hall		, hereby withdraw/resi	gn as a ်
	ame of Person Resigning)	<u>.</u>	
Authorized Persor	1		
	pility company and affirm the	e limited liability company	has been notified of my
Signature of Di	ssociating Member or Resign	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		