

L24000241619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

J. HORNE  
SEP 1 / 2024

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2024 SEP 12 PM 4:16  
CLERK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FACCYALL SKIN CARE 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:

ALIX Y SANDOVAL CLAVIJO  
\_\_\_\_\_  
(Contact Person)

FACCYALL SKIN CARE LLC  
\_\_\_\_\_  
(Firm/Company)

5271 SW 141ST TERRACE  
\_\_\_\_\_  
(Address)

MIRAMAR, FL 33027  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALIX Y SANDOVAL CLAVIJO                      954                      3039651  
\_\_\_\_\_  
(Name of Contact Person)                      at (\_\_\_\_\_)                      (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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2024 SEP 12 PM 4:16  
TALLAHASSEE, FLORIDA

**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 it appears on the records of the Florida Department of State is: FACCYALL SKIN CARE LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L24000241619

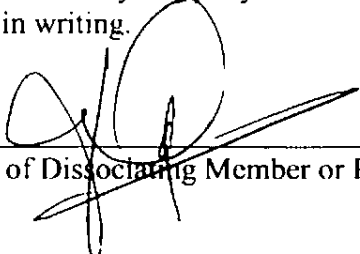
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/5/2024

4. I, OCAMPO, NATALIA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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