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(Requestor's Name)			
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(City	/State/Zip/Phon	ne #)	
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PICK-UP	WAIT	MAIL	
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Certified Copies	Certificate	s of Status	
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Special Instructions to Filing Officer.			
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COVER LETTER

Division of Corporations FACCYALL SKIN CARE LLC SUBJECT: (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 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy **Mailing Address: Street Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as	it appears on the records of the Florida Department
2. The Florida doc L24000241619	cument/registration number as	ssigned to this limited liability company is:
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is:
OCAMBO MA	rat ta	, hereby withdraw/resign as a
(Print l AMBR	Name of Person Resigning)	
AWDK	(Print Title)	
resignation in w	riting.	e limited liability company has been notified of my
Signature of D	rissociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

COVER LETTER

TO:	_	stration Section			
	Divis	sion of Corporations			
SUBJ	ECT:	FACCYALL SKIN CARE LLC			
		(Name of Lin	nited	Liability Cor	прапу)
The e	nclosed	l member, resignation or dissoc	iatie	on and fee(s	s) are submitted for filing.
Please	e return	all correspondence concerning	z thi	s matter to:	
ALIX	Y SANI	OOVAL CLAVIJO			
		(Contact Person)			-
FACC	YALL S	KIN CARE LLC			
		(Firm/Company)		· <u> </u>	_
5271 S	W 141S	T TERRACE			
		(Address)			_
MIRA	MAR, F	L 33027			
		(City/State and Zip Code)			_
For fu	ırther ii	nformation concerning this mat	ter,	please call:	
ALIX	y sani	OOVAL CLAVIJO	at	954 : (3039651
	(N	ame of Contact Person)			& Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable	to t	he Florida I	Department of State for:
□ \$2:	5 Filing	g Fee		\$55 Filing	g Fee & Certified Copy
	Mailir	ng Address:			Street Address:
	_	stration Section			Registration Section
		ion of Corporations Box 6327			Division of Corporations
		hassee, FL 32314			The Centre of Tallahassee
	1 4114	110300, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM OF CORPORATION OF CORPORATION OF MEMBER OF CORPORATION OF CORPORATIO

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it app	pears on the records of the Florida Department
of State is:	YALL SKIN CARE LLC	·
2. The Florida docu L24000241619	ument/registration number assigne	d to this limited liability company is:
3. The date this mer	mber/manager withdrew/resigned	or will withdraw/resign is:
4. I, OCAMPO, NATA	ALIA ame of Person Resigning)	hereby withdraw/resign as a
	ame of Person Resigning)	
AMBR		
(i	Print Title)	
resignation in writ	ting.	ted liability company has been notified of my
Signature of Dis	sociating Member or Resigning N	1anager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	