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COVER LETTER

	ation Section n of Corporations				
SUBJECT:	SKINMY S	oreign Limited Liability	<u>~D4</u>	ررد	
	(Name of Fo	oreign Limited Liability	Company)		
Dear Sir or Mada	ım:				
The enclosed wit	hdrawal and fee(s) are submitt	ted for filing.			0 0 0
Please return all	correspondence concerning thi	is matter to the following	g:		SIGNET THE PROPERTY OF THE PRO
	(Name of Person)	+7×		÷	OT JAN 26 PHIZ: 37
	(Firm/Company)	70.1144			
	(Address)			SL MANAGEME UPS STORE 3056 • E 5665 GA HWY 9, STI ALPHARETTA, GA 30	KOX 115 E. 103
	(City/State and Zip Co	de)			
For further inform	mation concerning this matter,	please call:			
Jer	(Name of Person)	at (<u>Code</u> &	Daytime Tel	8 3 2 15 ephone Number)	
Registra Division Clifton I 2661 Ex	T/COURIER ADDRESS: tion Section a of Corporations Building secutive Center Circle ssee, Florida 32301	Regist Divisi P.O. E	LING ADDR tration Section on of Corpor Box 6327 tassee, Florio	on rations	
Enclosed is a che	eck for the following amount	t:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	Certific	ling Fee, cate of Status & ed Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SKINNY SKIN HEATH LLC (Name of limited liability company)		
(Name of limited liability company)		
(Jurisdiction of its organization)		
(Junsdiction of its organization)		
This limited liability company is no longer transacting business in Florida and surrende authority to transact business in this state.	ers its	
This limited liability company revokes the authority of its registered agent to accept servits behalf and appoints the Department of State as its agent for service of process based cause of action arising during the time it was authorized to transact business in Florida.	ice on I on a	
SL MANAGEMENT, LLC UPS STORE 3056 • BOX 115 5665 GA HWY 9, STE. 103 ALPHARETTA, GA 30004 (Mailing address)		
(City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future of change in its mailing address.	f any	
(Signature of member or authorized representative of a member)		
JEFFERY	0 2	<u> </u>
(Typed or printed name of signee)	07 JAN 26	350
(Typed of printed name of signee)	圣	と近
	95	CAY
	PH	785

Filing Fee: \$25.00