M07000007449

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Rusin	ness Entity Nar	me)
(Duan	icaa Entity Ivai	ne,
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



700194734317

02/25/11--01007--029 **30.00

2011 FEB 25 PM 3: 20

C. LEWIS FEB 2 8 2011

EXAMINER

COVER LETTER

	tration Se ion of Co	ection rporations		
SUBJECT: _	Kay He	aith and Beauty, LL		
		(Name of For	reign Limited Liabili	ty Company)
Dear Sir or Ma	ndam:			
The enclosed v	withdrawa	al and fee(s) are submitte	ed for filing.	
Please return a	ll corresp	ondence concerning this	matter to the follow	ring:
Jerry S Kai	ntor			
		(Name of Person)		
Kay Health	and B	eauty, LLC		
		(Firm/Company)		
3949 Evar	s Ave	Suite 203		
Fort Myers	, Florid	,		
	•	(City/State and Zip Cod	le)	
For further info	ormation	concerning this matter, p	blease call:	
Jerry S Ka	ntor		at (239	936-3202
	(Name	of Person)		e & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a o ■ \$25 Filing F		\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	& \$60 Filing Fee, Certificate of Status & Certified Copy

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

Kay Health and Beauty, LLC (Name of limited liability company)	
Florida Jexas (Jurisdiction of its organization)	
M07000007449	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida authority to transact business in this state.	and surrenders its
This limited liability company revokes the authority of its registered agent to its behalf and appoints the Department of State as its agent for service of p cause of action arising during the time it was authorized to transact business in	accept service on process based on a Florida.
3949 Evans Ave Suite 203 (Mailing address)	
Fort Myers, Florida 33901	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in	the future of any
The limited liability company agrees to notify the Department of State in change in its mailing address.	the factore of they
JenDanter	
(Signature of member or authorized representative of a member)	
Jerry S Kantor, Managing Partner	
(Typed or printed name of signee)	
	= 8
	UII FEB 2
Sec. 2	RY OF SI

Filing Fee: \$25:00 \$30,00