## m110000003755

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



400282441074

02/25/16--01017--026 \*\*25.00

TORETARY OF STATE

FEB 26 2016

**3 MASON** 

## **COVER LETTER**

_	ision of C	Corporations		
CUD IF CW		AESTHETIC APOTH	ECARY, LLC	
SUBJECT:		(Name of Fo	reign Limited Liability	Company)
Dear Sir or M	/ladam:			
The enclosed	withdra	wal and fee(s) are submitte	ed for filing.	
Please return	all corre	spondence concerning this	matter to the following	g:
LUKE W	IDMEF	R		
		(Name of Person)		_
AMERICA	AN MA	NAGEMENT SPECI	ALISTS, LLC	
		(Firm/Company)		<del>-</del>
PO BOX	69-204	9		
		(Address)		-
ORLAND	O, FL	32869		
		(City/State and Zip Coo	le)	_
For further in	nformatio	n concerning this matter, p	olease call:	
LUKE WI	DMER		407	271-8928
	(Nar	ne of Person)	at (at (	_)
	ζ	,	(**************************************	<b>,</b>
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
_	egistration Section Registration Section ivision of Corporation Division of Corporation			
	ision of C ton Build		Division of Corporations P.O. Box 6327	
266	1 Execut	ive Center Circle Florida 32301	Tallahassee, Florida 32314	
		or the following amount:		
■ \$25 Filing	; Fee	□ \$30 Filing Fee &	□ \$55 Filing Fee &	□ \$60 Filing Fee,
		Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

THE AESTHETIC APOTHECARY, LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
MAY 31, 2011
(Date registered with Florida Department of State)
M11000002755
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
T. Stale
(Signature of authorized representative)
PHAEDRA STEELE
(Typed or printed name of signee)

Filing Fee: \$25.00