## M2C CCCO01209

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## **COVER LETTER**

	on Section of Corporations		
SUBJECT:	SKINRE	ALS LLC	
SUBJECT,	(Name of Fo	oreign Limited Liabilit	y Company)
Dear Sir or Madam	ı:		
The enclosed without	lrawal and fee(s) are submitt	ed for filing.	
Please return all co	rrespondence concerning thi	s matter to the followi	ng:
	JAVIER MINSKY		
	(Name of Person)		<del></del>
	SKINREALS LLC		
	(Firm/Company)	<u>-</u>	<del></del>
	6735 CONROY RD UNIT 2	09	
<del></del>	(Address)		_
	ORLANDO. FL 32835		
	(City/State and Zip Coo	le)	_
For further information	tion concerning this matter, p	olease call:	
MARCELO A. MO	DRINIGO, CPA	302 at (	225-0600
4)	lame of Person)		& Daytime Telephone Number)
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
Enclosed is a check	for the following amount:		
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SKINREALS LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
01/17/2020
(Date registered with Florida Department of State)
M20000001209
(Florida Document Number)
Effective Date, if other than the date of filing:  [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, his date will not be listed as the document's effective date on the Department of State's records.
Javier Minsky
(Signature of authorized representative)
(Typed or printed name of signee)
(Signature of authorized representative)  JAVIER MINSKY  (Typed or printed name of signee)

Filing Fee: \$25.00