P9600065420

(Req	uestor's Name)	
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Calendra sto

TRANSMITTAL LETTER

ТО:	Amendment Section Division of Corporations					
SUB	TECT: Cosmeceutical Laboration	oratories, Inc. (Name of Corporati		~ · \		
			ion)			
DOC	UMENT NUMBER: P960	000065420		<u> </u>	·	,
	nclosed Resignation of Regis		ation and fee	are submitt	ed for filing	: ,*
Pleas	e return all correspondence co	oncerning this matter to the	ne following:			
Dav	id Wagener					
	(Name of Per	son)	•	b.		
Adv	anced Dermatology Manag	gement, Inc.		••	÷	
	(Name of Firm/C	ompany)	-		,	
111	1 Park Centre Blvd, Suite	360			5 ⁴	,
=:	(Address)		* ·		4	
Mia	mi, Florida 33169					
-	(City/State and Zi	p Code)	. t			
For fi	orther information concerning	this matter, please call:				
Davi	d Wagener	at (305	γ 623-5595	5		
-	(Name of Person)	at (305 (Area Code	& Daytime Te	lephone Nu	mber)	
Enclo or \$3	sed is a check made payable a 5.00 for an administratively d	to the Florida Department issolved, voluntarily disso	t of State for Solved or with	\$87.50 for a drawn corp	an active co oration.	rporation
Amer Divisi P.O. I	ng Address: dement Section on of Corporations Box 6327	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399				

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Florida Statutes, the undersigned, Jodi B. Laurence (Name of Registered Agent) hereby resigns as Registered Agent for Cosmeceutical Laboratories, Inc. (Name of Corporation) P96000065420 (Document Number, if known) A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent) (Signature of Resigning Agent) (Typed or Printed Name)	Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,		
(Name of Registered Agent) P96000065420 (Document Number, if known) A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent) (Signature of Printed Name)	Florida Statutes, the undersigned, Jou	di B. Laurence		
(Name of Corporation) P96000065420 (Document Number, if known) A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent) If signing on behalf of an entity: (Typed or Printed Name)	· · · · · · · · · · · · · · · · · · ·	(Name of Registered Agent)		•
P96000065420 (Document Number, if known) A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent) (Signature of Resigning Agent) (Typed or Printed Name)	hereby resigns as Registered Agent for	Cosmeceutical Laboratories, Inc.		
(Document Number, if known) A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent) If signing on behalf of an entity: (Typed or Printed Name)		(Name of Corporation)		
A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent) If signing on behalf of an entity: (Typed or Printed Name)	P96000065420		7-	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. Columbia Columbia	(Document Number, if known)			
(Canacity)	The agency is terminated and the office this statement is filed. (Significant of an entity:	discontinued on the 31st day after the date on who gnature of Resigning Agent)	OLUMAY - 7 AH 8:	FILED
		(Canacity)	-	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314