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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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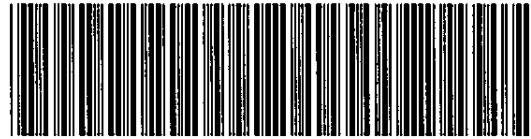
(Business Entity Name)

(Document Number)

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13 OCT 31 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Simply Divine Events LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000118298

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Meiczinger  
Name of Person

Simply Divine Events LLC  
Name of Firm/Company

5512 Angelonia Terrace  
Address

LAND O' LAKES, FL 34639  
City/State and Zip Code

jessica@simplydivineevents.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Meiczinger at (813) 244-7110  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
13 OCT 21 AM 10:23  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Lori K. Randall, hereby resigns as  
Name of Registered Agent

Registered Agent for Simply Divine Events, LLC  
Name of Limited Liability Company

LO7000118298  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

Lori Randall  
Signature of Resigning Agent

If signing on behalf of an entity:

Lori Randall  
Typed or Printed Name  
Registered Agent  
Capacity

FILED  
13 OCT 31 AM 10:23  
STATE OF FLORIDA  
TALLAHASSEE

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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