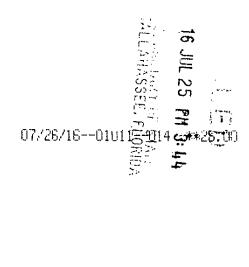
## L10000 124877

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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JUL 2 7 2016 Y SULKER

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: LOOK COS NEL L. L.C.  Name of Limited Liability Company  DOCUMENT NUMBER: L 10000 12 4877.	
DOCUMENT NUMBER: 4 10000 12 4877.	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.	ed
Please return all correspondence concerning this matter to the following:	
Tadefana Khoueiusteaga Name of Person	
Name of Firm/Company	
1250 E Hallandale Beach Shot 405	
Hallendale FL 33009 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (365) 336 17 62  Area Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limite liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn I liability company.	ed imited
MAILING ADDRESS: STREET ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
Tabyana Khaueiushaega, hereby resigns as Name of Registered Agent	
Name of Registered Agent	
Registered Agent for LOOK ARY / UE GGC	<del></del>
Name of Limited Liability Company	,
4/0000 /2 4 8 7 2 Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at its last known addr	ess.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement	ent is filed.
Signature of Resigning Agent	16 JUL 25
If signing on behalf of an entity	
Typed or Printed Name	
Capacity	

FILING FEES

\$85.00 Active limited liability company
\$25.00 Administratively 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