

L 11 000007190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

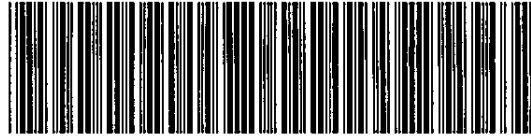
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3:50pm OCT 28 2013

pm

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Scents of Nature Enterprises LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000007190

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:

Carlos Machado, Esq.
Name of Person

SMOQ LAW
Name of Firm/Company

201 Alhambra Circle, Suite 1205
Address

Coral Gables, FL 33134
City/State and Zip Code

~~XXXXXXXXXXXX~~ arivera68@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Machado at (305) 377-1000
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Carlos M. Machado Esq., hereby resigns as
Name of Registered Agent

Registered Agent for Scents of Nature Enterprises
LLC
Name of Limited Liability Company

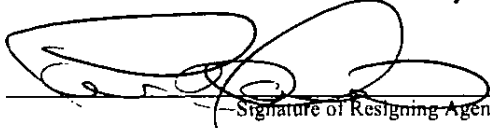
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TALLAHASSEE, FLORIDA

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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.


Signature of Resigning Agent, Carlos M. Machado, Esq.

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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