Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002618113)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (350) 517-5383

From:

Account Name : JAM MARK LIMITED Account Number : 120000090112 Phone : (305)789-7759 Fax Number : (305)789-7799

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT RESIGNATION SYDNEY B.A CHILDREN'S BOUTIQUE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

٠..

(((H180002618113)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.011:	5, Florida Statutes, the undersigned,
ROBBIN NEWMAN, E	ESQ.	, hereby resigns as
N:	ime of Registered Ager	nt ·
Registered Agent for SYC	NEY B.A CHIL	DREN'S BOUTIQUE, LLC
	Name of Lim	ited Liability Company
M15000005759		
Document Numb	er, if known	
A copy of this resignation	was mailed to the a	above listed limited liability company at its last known address.
The agency is terminated a	and the office disco	ntinued on the 31st day after the date on which this statement is filed.
	-	Signature of Resigning Agent
If signing on behalf of an e	entity:	
_	1	yped or Printed Name
-		Capacity
	FH ING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 Tallaliussee, FL 32314

INHS17 (2/14)