

L160000214832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

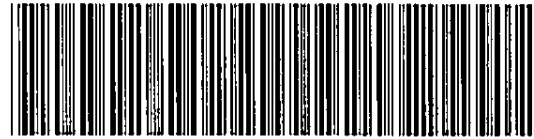
(Business Entity Name)

(Document Number)

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DEPARTMENT OF
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Permanent Cosmetics by K&V LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L 16000214832

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:

Valerie Adamkiewicz
Name of Person

Advanced Permanent Cosmetics by K&V LLC.
Name of Firm/Company

15155 Michelangelo Blvd Apt 208
Address

Delray Beach, FL 33446
City/State and Zip Code

Valenes.Vanity@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Adamkiewicz at (561) 706-1541
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Valerie Adamkiewicz hereby resigns as
Name of Registered Agent

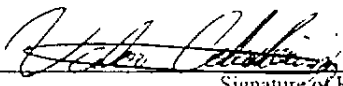
Registered Agent for Advanced Permanent Cosmetics by K&V, LLC

Name of Limited Liability Company

L16000214832
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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

17 AUG 15 AM 11:49
E.L.
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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