

L04000025690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

called 3/25 - wrong
form
Mr. Doyle agreed to us
SUBSTITUTING correct form
KLG 3/25

Office Use Only

sent cc because of mistake
in filing fee



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03/20/08--01049--006 **87.50

FILED
08 MAR 20 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Res
DLG
3/25

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

PERFUME LINDBOM, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER:

1040000 25690

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:

ALLAN DOYLE, CPA
(Name of Person)

GUARDADO + Doyle
(Name of Firm/Company)

175 FONTAINEBLEAU BLVD., Suite 1B
(Address)

MIAMI, FL 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

ALLAN DOYLE at (305) 221-8774
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

OMARA VALENZANO, hereby resigns as
(Name of Registered Agent)

Registered Agent for PERFUME KINGDOM, LLC

(Name of Limited Liability Company)

LO4000025690
(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.

Omara Valenzano
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
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SECRETARY OF STATE
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