Florida Department of State Division of Corporations

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(((H110001898243)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

Prom :

Account Name : GUNSTER YOAKLEY & STEWART P.A.

Account Number : 076077002561

: (305)376-4181

Phone Fax Number

: (305)376-6010

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

@ Gunster wm

## LLC REGISTERED AGENT RESIGNATION LES BOUTIQUES US. LLC

Certificate of Status	0
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JUL 27 2011

**EXAMINER** 

H110001898243

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Les Bout Name of Lim	iques US, LLC uted Liability Company	
DOCUMENT NUMBER:	L04000058149	
The enclosed Resignation of Registered Agent to for filing.	for a Limited Liability Company and fee are submitted	
Please return all correspondence concerning this	s matter to the following:	
Alexandra de St. Croix, Paralega	ļ.	
Alexandra de St. Croix, Paralega Name of Person	<del></del>	
Gunster		
Name of Firm/Company		
2 South Biscayne Blvd., Suite 340	0	
Address		
Miami, Florida 33131_		
City/State and Zip Code		
adest.croix@gunster.com E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter,	please call:	
Alexandra de St. Croix, Paralegal at	( 305 ) 376-4181 Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative limited liability company.	a Department of State for \$85.00 for an active limited rely dissolved, voluntarily dissolved or withdrawn	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
iananasce. PL 34314	COUL EVECAMAE CEMEN CITCLE	

Tallahassee, FL 32301

H110001898243

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

GY Corporate Services, Inc.		, hereby resigns as				
Name of Registered Agent						
Registered Agent for	Les Boutiques US, LLC				_	
	Name of Limite	d Liability Company			<b></b> 1	
L0400005	8149					
Document Number	, if known	<del>_</del>				
A copy of this resignation w	as mailed to the abo	ve listed limited liabi	lity company at its last known	address.		
The agency is terminated and  If signing on behalf of an en		nued on the 31st day	after the date on which this sta	tement is	filed.	
_		rk J. Scheer		20	<u></u>	
_		of or Printed Name President Corpanity		LLAHASSI	1 JUL 26	Sa verge man
	FILING FE \$ 85.00 A \$ 25.00 A	LES: Active limited liabilit Administratively diss withdrawn limited li	y company olved/voluntarily dissolved/ ability company	E. FLONIS	AM 10: 40	p.

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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