

204000081824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

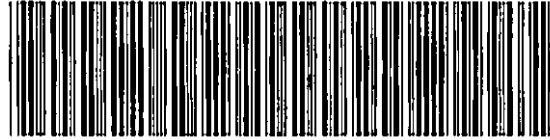
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

S. WARREN

JAN 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Teacups Boutique Aventura LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L04000081824

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:

John C Hamlin

Name of Person

JCHPA Registered Agents Inc.

Name of Firm/Company

1580 Sawgrass Corp. Parkway, Suite 130

Address

Sunrise, FL 33323

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C Hamlin

at (

954

315-4580

) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

JCHPA Registered Agents Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Teacups Boutique Aventura LLC

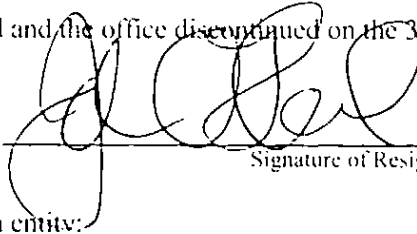
Name of Limited Liability Company

L04000081824

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:

John C Hamlin

Typed or Printed Name

President

Capacity

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18 JAN -4 PM 1:13
TALLAHASSEE, FL 32314

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