Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052 : (302)531-0855 Phone

Fax Number : (850) 656-7953

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 **PURITY BY NEXGEN LLC**

Certificate of Status	0
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EXAMINER

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Amendment Section

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COVER LETTER

Division of Corporations	
	•
SUBJECT: PURITY BY NEXGEN LLC (Name of Limited Liability Company)	
• • • • • • • • • • • • • • • • • • • •	
DOCUMENT NUMBER: L06000050390	
The enclosed Resignation of Registered Agent for a Limited Liability Company a for filing.	and fee are submitted
Please return all correspondence concerning this matter to the following:	
TUNISHA SCOTT	,
(Name of Person)	
INCORPORATING SERVICES, LTD.	
(Name of Firm/Company)	
3500 S. DUPONT HWY	
(Address)	ES ZE
DOVER, DE 19901	ZOII JUL SECRETA
(City/State and Zip Code)	الله المحكوم
For further information concerning this matter, please call:	SEEF.
TUNISHA SCOTT at (302) 531.0855	F S S
(Name of Person) (Area Code & Daytime Telephone	Number)
Produced to a check woods would be able Pic the Post of the Court Co. 606.00.6	1.>
Enclosed is a check made payable to the Florida Department of State for \$85.00 for liability company or \$25.00 for an administratively dissolved, voluntarily dissolved limited liability company.	or an active limited ed or withdrawn

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

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 606.4 (6(2) or 606.509, Flori	ing Statutes, the aurelorgites,
INCORPORATING SERVICES, LTD.	hereby resigns as
(Name of Registered Agent)	•
Registered Agent for PURITY BY NEXGEN LLC	·
(Name of Limited Liability Company	у)
L06000050390	
(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 discontinue on the 21st	day after the date on which this statement is filed.
(Signature of Resignin	SE CRE I
If signing on behalf of an entity:	٠٠٠٠٠٠ حمرين
CANDICE B. SWETLAND	
(Typed or Printed Name)	The state of the s
ASSISTANT SECRETARY	
(Capacity)	RATE TO THE REPORT OF THE PARTY

<u>FILING FEES:</u>

\$ 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