

L06000075800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

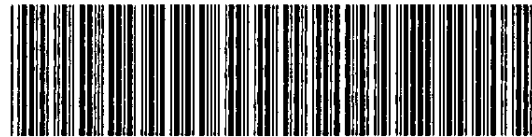
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW FACES MODELING SKILLS & MGMT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000075800

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:

M. Kay Lewis, Esq.

Name of Person

Lewis Law Office, P.A.

Name of Firm/Company

475 NE 50th Ter.

Address

Miami, FL 33137

City/State and Zip Code

LewisLawOffice@bellsouth.net

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

For further information concerning this matter, please call:

M. Kay Lewis, Esq.

Name of Person

at (305)

757-9255

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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,

M. Kay Lewis, Esq.

Name of Registered Agent

, hereby resigns as

Registered Agent for NEW FACES MODELING SKILLS & MGMT LLC

Name of Limited Liability Company

L06000075800

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.

M. Kay Lewis, Esq.
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ok # 2368
enclosed

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