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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to F	ilina Officer:			
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Office Use Only



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SECRETARY OF STATE

2007 APR 19 PH12: 4:



TRANSMITTAL LETTER

	Amendment Section Division of Corporations					
SUBJE	CT: GALERIE BERTIN-	TOUBLANC	LLC			
50202		Name of Limit	ed Liability	Company)		
DOCUN	MENT NUMBER: L0700	0009074		_	_	
The encl	losed Resignation of Registe	ered Agent fo	r a Limited	Liability Compar	y and fee are s	ubmitted
Please re	eturn all correspondence cor	ncerning this	matter to th	e following:		
ВЕТН	A. DE SANTO, ESQ.					
	(Name of Pers	on)				
CORP	ORATE & REAL ESTATE	E LAW GRO	UP PL			
	(Name of Firm/Co	mpany)				
4600 B	AICHICAN AVENUE CU	TE 1022				
1000 K	MICHIGAN AVENUE, SUI	16 1022				
	(Addiess)					
MIAMI	BEACH FL 33139					
	(City/State and Zit	Code)		•	_4	
For furth	ner information concerning	this matter, p	lease call:		SECT	2007/
BETH.	A. DE SANTO, ESQ.	at (305	479-2616	SVHVS	25
	(Name of Person)	ut ((Area Cod) 479-2616 e & Daytime Telepl	ione Number)	9
liability	d is a check made payable to company or \$25.00 for an a company.	the Florida l dministrative	Departmen ly dissolve	t of State for \$85.0 d, voluntarily diss	00 for an active olved or withdo	e limited : rawn limited
Amenda Division P.O. Box	Address: nent Section n of Corporations x 6327	Street Add Amendmen Division of 409 E. Gain Tallahassee	t Section Corporationes Street			

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, Florida Statutes, the	undersigned,
SOLUX LLC	. hereby	resigns as
	(Name of Registered Agent)	
Registered Agent for _	GALERIE BERTIN-TOUBLANC LLC	
	(Name of Limited Liability Company)	
L07000009074		
(Document Nur	nber, if known)	
	ed and the office discontinued on the 31st day after the dat (Signature of Resigning Agent)	e on which this statement is filed.
If signing on behalf of	an entity:	13 A T
	DOMINIQUE PINAULT OF SOLUX LLC	2007 APR SECRET
	(Typed or Printed Name) MANAGING MEMBER AND MEMBER	ANA TO THE TENT OF
	(Capacity)	PHI2: 49 OF STATE OF LORID

Make checks payable to Florkia Department of State and mail to: Division of Corporations P.O. Box 6327

\$ 25.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Tallahassee, FL 32314