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SECRETARY OF STATE TALLAHASSEE, FLORID 108 AUG 22 AM 9: 27

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MICHELE POMMIER TALENT GROWP, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: 6070000/3490
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:
(Name of Person)
(Name of Person)
(Name of Firm/Company)
JOS DIPCOMAT PICKY & FOP (Address)
(Address)
HALLANDALE BEACH FL 33009
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 456-98v1 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	ons of section 608.416(2) or 608.5(み		
7,42,247	(Name of Registered Agent)	, hereby re	esigns as
Registered Agent for	MICHELE POMMIER T	ALENT GROUP, LL	<u>. c</u>
	(Name of Limited Liability	Company)	
L07000013	¥90		
(Document Numl	per, if known)		
A copy of this resignati	on was mailed to the above listed l	imited liability company a	it its last known address.
The agency is terminate	ed and the office discontinued on the	ne 31st day after the date o	on which this statement is filed.
	(Signature of	Linh Resigning Agent)	
	(Signature of	Resigning Agent)	± no
If signing on behalf of a	in entity:		8 Tres
			NG ART
	(Typed or Printe	d Name)	DO ANG 22
	(Capacity)		OF STATE

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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