

LOT 600 118298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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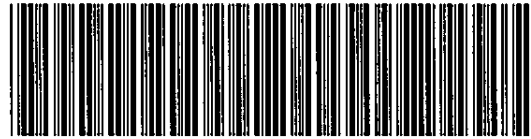
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Simply Divine Events LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000118298

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:

Jessica Meiczinger
Name of Person

Simply Divine Events LLC
Name of Firm/Company

5512 Angelonia Terrace
Address

LAND O' LAKES, FL 34639
City/State and Zip Code

jessica@simplydivineevents.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Meiczinger at (813) 244-7110
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

13 OCT 21 AM 10:23
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
RECEIVED

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,

Lori H. Randall, hereby resigns as
Name of Registered Agent

Registered Agent for Simply Divine Events, LLC
Name of Limited Liability Company

LO7000118298
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.

Lori Randall
Signature of Resigning Agent

If signing on behalf of an entity:

Lori Randall
Typed or Printed Name
Registered Agent
Capacity

FILED
13 OCT 31 AM 10:23
TALLAHASSEE, FLORIDA

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