L08000024968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700453568577

06/30/25--01020--014 **85.00

2025 JUN 30 PM 5:56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLAGLER LASER AESTHETICS, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L08000024968

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:

JAIMIE GREEN
Name of Person

FLAGLER LASER AESTHETICS, LLC.
Name of Firm/Company

2825 LEWIS SPEEDWAY, UNIT 104
Address

ST. AUGUSTINE, FL 32084
City/State and Zip Code

staug laser@gmail.com
E-mail address: (to be used for future annual report notification)

2025 JUL 30 PM 5:56

For further information concerning this matter, please call:

JAIMIE GREEN at (904) 806 4208
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ERIC PULSFUS, MD, hereby resigns as

Name of Registered Agent

Registered Agent for FLAGLER LASER AESTHETICS, LLC

Name of Limited Liability Company

L08000024968

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.

Signature of Resigning Agent

If signing on behalf of an entity:

ERIC PULSFUS, MD

Typed or Printed Name

AMBR

Capacity

2025 JUN 30 PM 5:56

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$ 25.00	Administratively dissolved, voluntarily dissolved, withdrawn limited liability company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

INHS17 (2/14)