L08000037350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Barbara Title

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CELESTIAL BEADING, LLC, a Florida limited liability company
(Name of Limited Liability Company)

DOCUMENT NUMBER: L08000037350

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:

DiVito & Higham, P.A.
Attn.: Peter J. Vasti, Esq.
4514 Central Avenue
St. Petersburg, Florida 33711

For further information concerning this matter, please call:

Peter J. Vasti, Esq. at (727) 321-1201
(Name of Contact 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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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, **JAMES SHATZ**, hereby resigns as
Name of Registered Agent

Registered Agent for **CELESTIAL BEADING, LLC**,

DOCUMENT NUMBER: L08000037350.

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
Print Name: James Shatz

If signing on behalf of an entity:

Typed or Printed Name

Capacity

10 MAY 12 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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