

LO800100058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

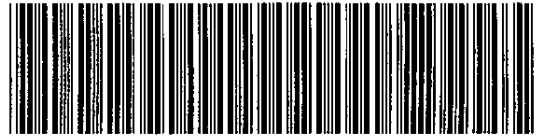
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TALLAHASSEE, FLORIDA

Reg Agent
Res
off
6/28

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nayked Botanicals LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000100058

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:

Vicki Karlin
Name of Person

Nayked Botanicals LLC
Name of Firm/Company

17 Little Harbor Way
Address

Deerfield Beach, FL 33441
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____)_____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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2009 AUG 23 AM 8:00
MAILING A
Amendment
Division of C
O. Box 632
Tallahassee, F

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,

Dena Karlin

Name of Registered Agent

, hereby resigns as

Registered Agent for Nayked Botanicals LLC

Name of Limited Liability Company

L08000100058

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:

Dena Karlin

Typed or Printed Name

Member

Capacity

09 AUG 19 PM 1:45

FILED
SECRETARY OF STATE
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