

L09000019858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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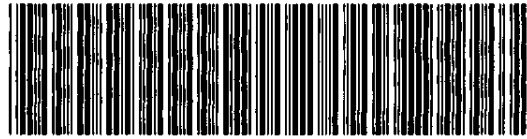
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Perfect Solution - Management Service, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L09000019858

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:

Christopher Darbeau
Name of Person

Perfect Solution - Management Service, LLC.
Name of Firm/Company

700 SW 15th Ave.
Address

Ft. Lauderdale, FL 33312
City/State and Zip Code

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

theperfect_solution@msn.com

For further information concerning this matter, please call:

Christopher Darbeau at (305) 202-1637
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Benett V. Darbeau

Name of Registered Agent

, hereby resigns as

Registered Agent for Perfect Solution - Management Service, LLC.

Name of Limited Liability Company

L09000019858

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.

Benett V. Darbeau

Signature of Resigning Agent

If signing on behalf of an entity:

Benett V. Darbeau

Typed or Printed Name

Capacity

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

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TALLAHASSEE, FLORIDA

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