L09000058842

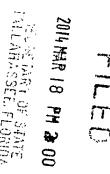
(Requestor's Name)
(Address)
- (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

SUBJECT: Fashion Jewelry Paradise, L.L.C. Name of Limited Liability	/ Company
DOCUMENT NUMBER: L09000058842	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
James D. Dati, Esq.	
Name of Person	-
Bond, Schoeneck & King, PLLC	
Name of Firm/Company	-
4001 Tamiami Trail N., Ste. 250	2014 MAR
Address	AHA 7
Naples, FL 34103	8 7 8 F
City/State and Zip Code	
jdati@bsk.com	
E-mail address: (to be used for future annual report notification)	- 00 00/
For further information concerning this matter, please call:	
James D. Dati 239	659-3800
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Fiorida Statutes, the undersigned,	
James D. Dati	, hereby resigns as	
	Name of Registered Agent	
Registered Agent for	Fashion Jewelry Paradise, L.L.C.	-
	Name of Limited Liability Company	_,
L09000058842		
Document	Number, if known	
-	ation was mailed to the above listed limited liability company at its last known address	5
The agency is termina	ated and the office discontinued on the 31st day after the date on which this statement. Signature of Resigning Agent	is filed.
If signing on behalf o	f an entiry:	
	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