

L09000075319

(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



100175371591

04/13/10--01008--019 **85.00

2010 APR 13 A 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RA Resign
Trevs
4-21-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Impressions Staging L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: LO9000075319

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:

Susan Nattress
Name of Person

First Impressions Staging L.L.C.
Name of Firm/Company

16233 Carnoustie Drive
Address

Odessa, Florida 33556
City/State and Zip Code

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

For further information concerning this matter, please call:

Susan Nattress at (813) 422-1826
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Kevin Heath, hereby resigns as
Name of Registered Agent

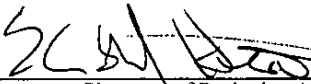
Registered Agent for First Impressions Staging L.L.C.

Name of Limited Liability Company

LO9000075319
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:

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

FILED
2010 APR 13 A 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA