LD9000119540

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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C. LEVVIS

JUL 2 2014

EXAMINER

June 16, 2014

TO: Division of Corporations

FROM: Peter Kotsatos

RE: Registered Agent

Dear Madam/Sir(s)

In regard to the summons forwarded through myself, I want to make it very clear that the corporation noted, INTERIORIMAGE-ACCESSORIZE INT'L, LLC, was dissolved in 09-23-2011. Document number 09000119540.

I have not been the Registered Agent for this entity since that time. Please process my Resignation of Registered Agent with all due haste. Thank-you,

Peter Kotsatos

COVER LETTER

SUBJECT: INTERIORIMAGE - ACCESSORIZE INT'L LLC Name of Limited Liability Company
DOCUMENT NUMBER: L 09000119540
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:
ANN L KENDALL Name of Person
Name of Firm/Company
2157 S. U.S. Highway 1
JUPITER FL 33477 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.011.	5, Florida Statutes, the undersigned,		
PETE	KoTSATOS Name of Registered Age	, hereby resigns as		
Registered Agent for	YNTERIOR IMP	AGE - ACCESSORIZE YNT'L LLC		
	Name of Lim	ited Liability Company	,	
L09000				
Document Nur	nber, if known			
A copy of this resignation	n was mailed to the a	above listed limited liability company at its last known ac	ldress.	
The agency is terminated	and the office disco	ntinued on the 31st day after the date on which this state Signature of Resigning Agent	ment is	filed.
If signing on behalf of an	entity:			
	Typed or Printed Name Capacity		= =	SI S
				METARY JK OF CO
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company		PH 3: 12	OF STATE REPORATIONS	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314