

L110000003957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

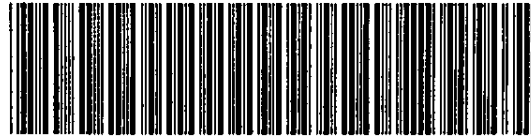
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600242299106

VOID

Resignation filed in error, the resigning registered agent, Maya Ivanjesku, did not sign the resignation form resigning. This resignation has been voided and returned for correction. SPT 1-15-13

12/05/12--01013--002 \*\*85.00

FILED  
2012 DEC -5 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan DEC 13 2012

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Radius Beauty, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

**Patricia Mastny**

\_\_\_\_\_  
Name of Person

**Radius Beauty, LLC**

\_\_\_\_\_  
Name of Firm/Company

**1400 Commerce Blvd. #A**

\_\_\_\_\_  
Address

**Sarasota, Fl. 34207**

\_\_\_\_\_  
City/State and Zip Code

**patttielou@aol.com**

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

For further information concerning this matter, please call:

**Patricia Mastny**

\_\_\_\_\_  
Name of Person

at ( **630** ) **624-6600**

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Maya Ivanjesku

, hereby resigns as

Name of Registered Agent

Registered Agent for Radius Beauty, LLC

Name of Limited Liability Company

L11000003957

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:

Patricia Mastny

Typed or Printed Name

Managing Agent

Capacity

FILED  
2012 DEC -5 AM 9:54  
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