

L11 0000 77995

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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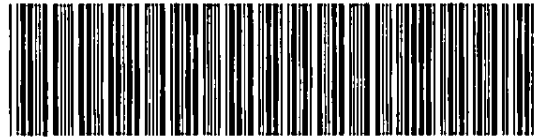
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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A handwritten signature in black ink, consisting of a large, stylized 'C' or 'G' shape with a horizontal line extending to the right.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEADLINERS305 BOUTIQUE LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000077995

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:

Ceresia Smith

Name of Person

C & B Financial Services LLC

Name of Firm/Company

6520 US Hwy 301 S, Ste 112-A

Address

Riverview, FL 33578-4324

City/State and Zip Code

cbtaxes@hotmail.com

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

For further information concerning this matter, please call:

Ceresia Smith

954

471-8405

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.

C & B Financial Services Corp \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for HEADLINERS305 BOUTIQUE LLC \_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

L11000077995 \_\_\_\_\_

\_\_\_\_\_  
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:

Ceresia Smith \_\_\_\_\_

\_\_\_\_\_  
Typed or Printed Name

President \_\_\_\_\_

\_\_\_\_\_  
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