

L11000081672

(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



000293876770

000293876770

01/12/17--01012--008 **85.00

FILED
17 JAN 12 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fashionista Palm Beach LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000081672

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:

Monique Javarone
Name of Person

Fashionista Palm Beach
Name of Firm/Company

298 South County Road
Address

WEST PALM BEACH, FL 33405
City/State and Zip Code

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

For further information concerning this matter, please call:

Monique Javarone at (561) 568-1613
Name of Person Area Code Daytime Telephone Number

FILED
17 JAN 12 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Anthony B. Javarone

Name of Registered Agent

, hereby resigns as

Registered Agent for

Fashionista Palm Beach LLC

Name of Limited Liability Company

L11000081672

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.

Anthony B. Javarone

Signature of Resigning Agent

If signing on behalf of an entity:

Anthony B. Javarone

Typed or Printed Name

Mgr/member and Registered Agent

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
17 JAN 12 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA