

L11000135736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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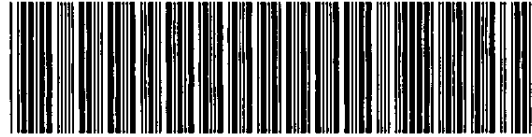
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Creative Expressions Studio And Gallery LLC

Name of Limited Liability Company

L11000135736

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:

Jean Burgwald

Name of Person

Creative Expressions Studio And Gallery LLC

Name of Firm/Company

24851 Bay Cedar Drive

Address

Bonita Springs, FL 34134

City/State and Zip Code

jmburgwald@gmail.com

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

For further information concerning this matter, please call:

Jean Burgwald

239

498-7941

at ()

Name of Person

Area Code & Daytime Telephone Number

cell # 651-336-6569

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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13 JUL 23 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,
Lee Butera

_____, hereby resigns as

Name of Registered Agent

Creative Expressions Studio And Gallery LLC

Registered Agent for _____

Name of Limited Liability Company

L11000135736

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.

Lee Butera

Signature of Resigning Agent

If signing on behalf of an entity:

Jean Burgwald

Typed or Printed Name

MGRM

Capacity

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13 JUL 23 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

check # 1056 7/10/2013

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