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TALLAHASSEE, FLORIDA



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COVER LETTER

Registration Section Division of Corporations

TO:

| Image By Brian III C | | |
|---|--|--|
| SUBJECT: Image By Brian, LLC Name of I | Limited Liability Company | |
| DOCUMENT NUMBER: L12000034002 | | |
| | nt for a Limited Liability Company and fee are submitted | |
| Please return all correspondence concerning | this matter to the following: | |
| Brian A. Myers | | |
| Name of Person | | |
| Image by Brian, LLC | | |
| Name of Firm/Company | | |
| 3001 Aloma Ave. | | |
| Address | | |
| Winter Park, FL 32792 | | |
| City/State and Zip Code | | |
| bosslady514@cfl.rr.com | | |
| E-mail address: (to be used for future annual rep | ort notification) | |
| For further information concerning this matter | er, please call: | |
| Brian A. Myers or Krystal Myers | . 407 \ 579-3338 | |
| Name of Person | at (407) 579-3338 Area Code Daytime Telephone Number | |
| Enclosed is a check made payable to the Flor liability company or \$25.00 for an administratiability company. | rida Department of State for \$85.00 for an active limited atively dissolved, voluntarily dissolved or withdrawn limited | |
| MAILING ADDRESS: | STREET ADDRESS: | |
| Registration Section Division of Corporations | Registration Section Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions | of section 605.0115, Florida State | ates, the undersigned, | |
|------------------------------|------------------------------------|----------------------------------|-------------------------------|
| Brian W. McClymont | | , hereby resigns | : 95 |
| Na | ume of Registered Agent | · , nervey resigns | W 13 |
| Registered Agent for Ima | ge by Brian, LLC | | |
| | Name of Limited Liability Cor | npany | |
| L12000034002 | | | |
| Document Numb | er, if known | | |
| A copy of this resignation | was mailed to the above listed lin | nited liability company at its l | ast known address. |
| The agency is terminated a | nd the office discontinued on the | 31st day after the date on wh | |
| _ | Bein 2. Ille Signature of Re | Agning Agent | AND FILE |
| If signing on behalf of an e | ntity: | | SEE ED |
| _ | BRY AN W. M Typed or Printed N | CCLYMONT | AH 2: 27 OF STATE OF, FLORIDA |
| _ | Manager / Own & | | 27 RIDA |

FILING FEES: \$ 85.00 Active

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|------------------------------------|--|
| SUBJECT: Image By Brian, LLC | imited Liability | Company |
| DOCUMENT NUMBER: L12000034002 | minica Liabinty | Company |
| | | |
| The enclosed Resignation of Registered Ager for filing. | it for a Limited | Liability Company and fee are submitted |
| Please return all correspondence concerning t | this matter to th | e following: |
| Brian A. Myers | | |
| Name of Person | <u></u> | |
| Image by Brian, LLC | | |
| Name of Firm/Company | | |
| 3001 Aloma Ave. | | |
| Address | | |
| Winter Park, FL 32792 | | |
| City/State and Zip Code | | |
| bosslady514@cfl.rr.com | | |
| E-mail address: (to be used for future annual rep | ort notification) | |
| For further information concerning this matter | er, please call: | |
| Brian A. Myers or Krystal Myers | at (Area Code | 579-3338 |
| Name of Person | Area Code | Daytime Telephone Number |
| Enclosed is a check made payable to the Flor liability company or \$25.00 for an administraliability company. | rida Departmen atively dissolve | t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited |
| MAILING ADDRESS: | STREI | ET ADDRESS: |
| Registration Section | | ation Section |
| Division of Corporations | Divisio | n of Corporations |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

Brion Amyers

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

interest of the control of the contr

| Pursuant to the provisions of section 603.0113, Florida Stat | ules, the undersigned, |
|---|--|
| Brian W. McClymont | , hereby resigns as |
| Name of Registered Agent | |
| Registered Agent for Image by Brian, LLC | |
| Name of Limited Liability Co | mpany |
| L12000034002 | |
| Document Number, if known | |
| A copy of this resignation was mailed to the above listed lin | mited liability company at its last known address. |
| The agency is terminated and the office discontinued on the | e 31st day after the date on which this statement is filed. |
| Signature of R | engning Agent |
| If signing on behalf of an entity: | |
| 321 AN W. M Typed or Printed I | CCLY MONT |
| Manager 10 m no | -RI CA |
| Capacity | SECRETALLAH |
| FILING FEES: \$ 85.00 Active limits | SECRETARY OF ALLAHASSEE OF ALL |

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

withdrawn limited liability company