Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Fax Number : (950)617-6383

Promi

Account Name : AIA REGISTERED AGENT INC.

Account Number : 120090000032

Phone : (561)792-2236 Fax Number : (561)202-8082

Enter the quail address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT RESIGNATION FRESH VISION CLOTHING LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.011	5, Florida Statutes, the unders	signed,	-· :	3
	STERED AGENT,	INC		-	
	Name of Registered Age	rri	hereby resigns a	3	
Registered Agent for	FRESH VISION C	LOTHING LLC		•	5
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·	Name of Lin	nited Liahility Company		 ,- .	' بِي ''
L12000064204				÷	<u> </u>
Document l	Number, if known				
The agency is terminal trisigning on behalf of	an entity: TINA MAKI	ontinued on the 31st day after All Signature of Resigning Agent		h this state	ment is filed.
	DP	yped or Printed Name			
		Capacity			
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	npany I/ voluntarily dis y company	solved/	

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

Tallahassee, Fl. 32314

INHS17 (2/14)

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