# 1200007685

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SECRETARY OF STATE OF WISION OF CORPORATIONS

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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Irish Miss LLC	
Name of Limited	Liability Company
DOCUMENT NUMBER: L12000067685	
The enclosed Resignation of Registered Agent for a for filing	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	tter to the following:
Richard Merriman	
Name of Person	
Name of Firm/Company	
757 SE 17th Street #1220	
Address	<del></del>
Fort Lauderdale FL 33316	
City/State and Zip Code	
maxmerri@aol.∞m	
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, pleas	e call:
Richard Merriman 85	3 <b>736-7111</b> .
	ea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provision		15, Florida Statutes, the	undersigned,
InCorp Services	Inc. (us)		, hereby resigns as
	Name of Registered Ag	enl	
Registered Agent for Ir	ish Miss LLC		
	Name of Li	mited Liability Company	
L12000067685			
Document N	umber, if known	<del></del> _	
A copy of this resignati	on was mailed to the	above listed limited liab	vility company at its last known address.
The agency is terminate	ed and the office disc	ontinued on the 31st day	after the date on which this statement is filed.
	Karen	Signature of Resigning Ap	gent
If signing on behalf of a	in entity:		
Karen Gibson for InCorp Services, Inc.		nc.	
		Typed or Printed Name	
Authorized Representative			
	<del></del>	Capacity	

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ withdrawn limited liability company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