

L12-000083077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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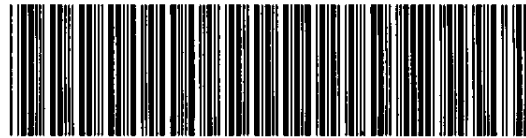
(Business Entity Name)

(Document Number)

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AUG 18 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELLEBELLE PHOTOGRAPHY, DESIGN & EVENTS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000083077

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:

Lydia Whigham

Name of Person

ELLEBELLE PHOTOGRAPHY, DESIGN & EVENTS, I

Name of Firm/Company

2801 Mystic Warrior Trail

Address

Tallahassee, FL 32309

City/State and Zip Code

lydia@ellebellepix.com

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

For further information concerning this matter, please call:

Lydia Whigham

at (850) 228-5435

Name of Person

Area 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

William Corey Fordham

Name of Registered Agent

Registered Agent for **ELLEBELLE PHOTOGRAPHY, DESIGN & EVENTS, LLC**

Name of Limited Liability Company

L12000083077

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.



Signature of Resigning Agent

If signing on behalf of an entity:

William Corey Fordham

Typed or Printed Name

Registered Agent

Capacity

FILED
14 AUG -8 PM 2:03
TALLAHASSEE, FLORIDA

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