

L12000 103331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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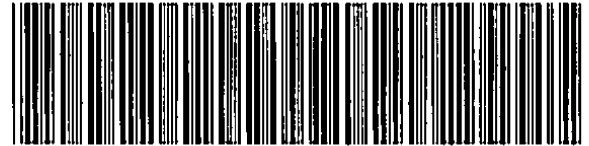
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

JUN 16 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESIGNER DIVAS RESALE BOUTIQUE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000103331

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:

ERIN MALONEY
Name of Person

DESIGNER DIVAS RESALE BOUTIQUE, LLC
Name of Firm/Company

2371 VANDERBILT BOULEVARD UNIT 4706
Address

NAPLES, FL 34109
City/State and Zip Code

eernlynn1@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIN MALONEY at (239) 692-2339
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Nanci Iuculano hereby resigns as
Name of Registered Agent

Registered Agent for Designer Divas Resale Boutique, LLC
Name of Limited Liability Company

L1200010331
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.

Nanci Iuculano
Signature of Resigning Agent

If signing on behalf of an entity:

Nanci Iuculano
Typed or Printed Name
Manager/Agent
Capacity

FILED
2020 MAY 28 AM 6:45
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

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