

L12000108626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

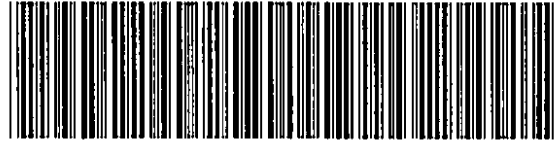
(Document Number)

Certified Copies _____ Certificates of Status _____

3/4/21

Special Instructions to Filing Officer:

Office Use Only



100357452481 ✓

01/11/21--01019--005 **25.00

04/08/21--01015--003 **60.00

2021/11/11 11:12

R/A Rescan



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 - 10:10:10

February 18, 2021

PAUL WILLIAMS
5212 FAIRWAY #1 DR
VALRICO, FL 33596

SUBJECT: TOM KAT STUDIOS LLC.
Ref. Number: L12000108626

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE FEE TO FILE A REGISTERED AGENT RESIGNATION FOR AN ACTIVE ENTITY IS \$85.00. THERE IS A BALANCE OF \$60.00 STILL DUE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 721A00003620

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tom Kat Studios LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000108626

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:

Paul Williams

Name of Person

Tom Kat Studios LLC DBA - Salon Muse
Name of Firm/Company

5212 Fairway #1 Dr

Address

Valrico, FL 33596

City/State and Zip Code

paulrwill.pw@gmail.com

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

For further information concerning this matter, please call:

Paul Williams

Name of Person

at (⁴⁰⁷727) ⁸⁶⁹⁻¹⁰⁰⁴492-6113
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Kathleen Janes

_____, hereby resigns as
Name of Registered Agent

Registered Agent for Tom Kat Studios LLC,

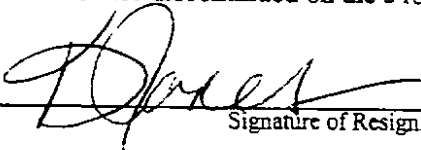
Name of Limited Liability Company

L12000108626

Document Number, if known

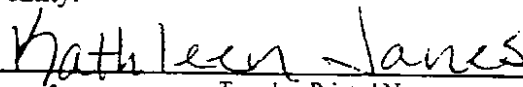
A copy of this resignation was mailed to the above listed limited liability company at its last known address.

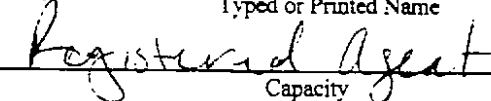
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:



Typed or Printed Name


Capacity

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

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