

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP  
Account Number : I20160000074  
Phone : (407) 839-4277  
Fax Number : (407) 839-4264

**\*\*Enter the email 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  
TOP SHELF LIVING, LLC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: TOP SHELF LIVING, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000132397

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:

Holly L. Collins, Esq.

Name of Person

Nelson Mullins Broad and Cassel

Name of Firm/Company

390 N. Orange Avenue, Suite 1400

Address

Orlando, FL 32801

City/State and Zip Code

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

For further information concerning this matter, please call:

Holly L. Collins, Esq.

Name of Person

at (407) 839-4200

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

B&C CORPORATE SERVICES OF CENTRAL FLORIDA, I, hereby resigns as

Name of Registered Agent

Registered Agent for TOP SHELF LIVING, LLC

Name of Limited Liability Company

L12000132397

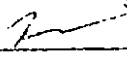
Document Number, if known

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.

B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.

Signature of Resigning Agent

If signing on behalf of an entity: By: 

Peter A. Schoemann

Typed or Printed Name

Vice President

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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