

L13000148874

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 : VALEZAR & ASSOCIATES
Account Number : I20150000092
Phone : (305) 252-5505
Fax Number : (888) 346-7187

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LLC REGISTERED AGENT RESIGNATION
ELEMENTS STUDIO, LLC**

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

Help

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elements Studio LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000148874

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:

Mirtha Almanzar

Name of Person

Valezar & Associates Inc

Name of Firm/Company

12485 SW 137th Ave Ste-206

Address

Miami, FL 33196

City/State and Zip Code

mirtha@valezar.com

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

For further information concerning this matter, please call:

Mirtha Almanzar

at (305) 252-5505

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

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

Kristin Weeks

Name of Registered Agent

Registered Agent for Elements Studio LLC

Name of Limited Liability Company

L13000148874

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

INHS17 (2/14)

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