

L13000173092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

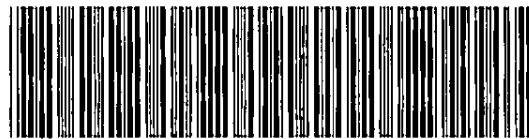
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 08 2019

R. WHITE

APR 13 2019

2019 APR -8 PM 4:45
MAIL ROOM

FILED

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

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

Alan Joseph

, hereby resigns as

Name of Registered Agent

Funhouse Tattoos LLC

Registered Agent for

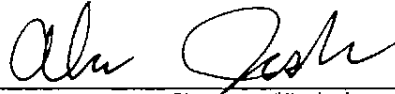
Name of Limited Liability Company

L13000173092

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:

Alan Joseph

Typed or Printed Name

Registered Agent

Capacity

FILED
2019 APR - 8 PM 4: 45
TALLAHASSEE FL

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withdrawn limited liability company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