L13000173092

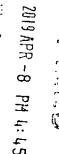
(F	Requestor's Name)			
(<i>f</i>	Address)			
	Address)			
(0	City/State/Zip/Phone #)	-		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(0	Document Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
	Office Use Only			



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COVER-LETTER

TO: Registration Section Division of Corporations			
Funhouse Tattoos LLC SUBJECT:	~		
DOCUMENT NUMBER: L13000173092	Limited Liabili	ity Company	
The enclosed Resignation of Registered Age for filing.	ent for a Limit	ed Liability Company and fee are subm	itted
Please return all correspondence concerning	this matter to	the following:	
Alan Joseph			
Name of Person			
Funhouse Tattoos LLC			
Name of Firm/Company		_	
1304 East Atlantic Blvd. B			
Address		_	
Pompano Beach, FL 33060			
City/State and Zip Code		_	
aj.landscapes@yahoo.com			
E-mail address: (to be used for future annual re	port notification)	-	
For further information concerning this mat	ter, please call	:	
Alan Joseph	954	520-9047	
Name of Person	_ at (Area Cod) de Daytime Telephone Number	
Enclosed is a check made payable to the Flo liability company or \$25.00 for an administrability company.	rida Departme atively dissolv	ent of State for \$85.00 for an active limved, voluntarily dissolved or withdrawn	ited Himited
MAILING ADDRESS:	STRI	EET ADDRESS:	
Registration Section		stration Section	
Division of Corporations		sion of Corporations	
P.O. Box 6327		on Building	
Tallahassee, FL 32314		Executive Center Circle	

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Alan Joseph		, hereby re	aciane ac	
	Name of Registered Agent		esigns as	
1	Funhouse Tattoos L			
Registered Agent for _		· · · · · · · · · · · · · · · · · · ·		
ļi				
	Name of Limit	ted Liability Company		
L13000173092				
Document N	lumber, if known			
A numeri of this maining	ing and mailed to the ab	and the district California	at ita laat linauus addus	
A copy of this resignar	ion was mailed to the an	pove listed limited liability company	at its fast known addres	5 S.
The agency is terminat	ed and the office discon	tinued on the 31st day after the date	on which this statemen	t is filed.
	alu	Juste		
		Signature of Resigning Agent	•	
If signing on behalf of	an entity:		~	
Alan Joseph		2019 APR		
			. 2	ويتأي
	Registered Agent	ped or Printed Name	: 55 L 1	es de la companya de La companya de la co
			. 5 6	h
		Capacity	a: 🙄	<u> </u>
1			PH 4: 45	
1	FILING F \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volunt- withdrawn limited liability company	arily dissolved/	I
1		e to Florida Department of State and r Division of Corporations P.O. Box 6327	nail to:	

INHS17 (2/14)