

From: Jeff Lieser

Fax: (813) 280-8715

To:

Fax: (850) 617-6383

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC
Account Number : 120150000057
Phone : (813) 280-1256
Fax Number : (813) 251-8715

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: arrowinsdata@gmail.com

**LLC REGISTERED AGENT RESIGNATION
ABBA REIGNS ENTERPRISES LLC**

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JUN 02 2017

S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABBA REIGNS ENTERPRISES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000056875

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:

Ghada Skaff

Name of Person

Lieser Skaff Alexander, PLLC

Name of Firm/Company

403 N. Howard Avenue

Address

Tampa, FL 33606

City/State and Zip Code

arrowinsdata@gmail.com

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

For further information concerning this matter, please call:

Ghada Skaff

at

813

280-1256

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN - 1 PM 11:59

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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,

LIESER & SKAFF, P.L.

Name of Registered Agent

, hereby resigns as

Registered Agent for **ABBA REIGNS ENTERPRISES LLC**

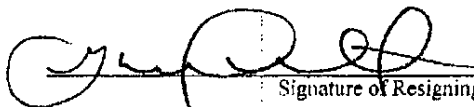
Name of Limited Liability Company

L14000056875

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:

LIESER & SKAFF, PL.

Typed or Printed Name

Authorized Member

Capacity

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JUN - 1 PM 11:59

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