## L15000005677

| (Re                                     | questor's Name)   |           |
|---|-------------------|-----------|
| (Ad                                     | dress)            |           |
| (Ad                                     | dress)            |           |
| (Cit                                    | y/State/Zip/Phone | #)        |
| ·                                       | WAIT              | MAIL      |
| /Bu                                     | siness Entity Nam | ne)       |
| 154                                     | omess Emily Ham   |           |
| (Do                                     | cument Number)    |           |
| Certified Copies                        | _ Certificates    | of Status |
| Special Instructions to Filing Officer: |                   |           |
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Office Use Only



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## **COVER LETTER**

| TUXEDO LLC   |   |  |
|--|---|--|
| Name of Limited  | Liability Company   |  |
| DOCUMENT NUMBER: L15000005677  |   |  |
| The enclosed Resignation of Registered Agent for a for filing.   | Limited Liability Company and fee are submitted   |  |
| Please return all correspondence concerning this ma  | atter to the following:   |  |
| JULIE TODOROV  |   |  |
| Name of Person   |   |  |
|  |   |  |
| Name of Firm/Company   | <del></del>   |  |
| 3716 SW SUNSET TRACE CIR   |   |  |
| Address  |   |  |
| PALM CITY FL 34990   |   |  |
| City/State and Zip Code  | · · · · · · · · · · · · · · · · · · ·   |  |
| EMANUEL@PALMBEACHDESIGNERPOOLS   | S.COM   |  |
| E-mail address: (to be used for future annual report notified  | fication)   |  |
| For further information concerning this matter, plea   | se call:  |  |
| JULIE TODOROV 77   | <sup>7</sup> 2 872-2499   |  |
| Name of Person A   | 72 872-2499<br>rea Code Daytime Telephone Number  |  |
| Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company. | partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited |  |
| MAILING ADDRESS:   | STREET ADDRESS:   |  |
| Registration Section   | Registration Section  |  |
| Division of Corporations   | Division of Corporations  |  |
| P.O. Box 6327  | Clifton Building  |  |

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

And when

**TO:** Registration Section Division of Corporations

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

| Pursuant to the provisions of section 605.0115, Florida Si   | tatutes, the undersigned, |
|--|---------------------------|
| JULIE TODOROV , hereby resigns as  |                           |
| Name of Registered Agent   | ,, 1001Bits an            |
| Registered Agent for TUXEDO LLC  |                           |
| Name of Limited Liability (  | Company                   |
| L15000005677   |                           |
| Document Number, if known  |                           |
| A copy of this resignation was mailed to the above listed to the agency is terminated and the office discontinued on the |                           |
| A A  | Resigning Agent 30        |
| If signing on behalf of an entity:   |                           |
| Typed or Printed   |                           |
| 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 Taliahassee, FL 32314

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