L15000030411

	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-U	P WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instruction	s to Filing Officer:					
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COVER LETTER .

Swag&Bella LLC Name of Limited Liability Company DOCUMENT NUMBER: L15000030411 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: C. David Attaway Name of Person Name of Firm/Company 561 Oak Reserve Lane Address Winter Park/FL 32792 City/State and Zip Code david.crossfitoviedo@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: C. David Attaway Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:** STREET ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida State	ates, the undersigned,				
Mary Attaway	, hereby resigns as					
,	Name of Registered Agent	,,,	,			
Registered Agent for Sv	vag&Bella LLC					
	Name of Limited Liability Con	npany				
L15000030411						
Document Nu	nber, if known				•	
A copy of this resignation	n was mailed to the above listed lin	nited liability company at i	ts last l	known	address.	
The agency is terminated	and the office discontinued on the	31st day after the date on	which	this sta	tement is filed.	
	May Ottoually Signature of Re	signing Agent				
If signing on behalf of ar	entity:					
				2515		
	Typed or Printed N	ame	7 (18 () 1 () 2	<u> </u>	t.	
	Capacity			29		
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	FILING FEES: \$ 85.00 Active limit \$ 25.00 Administrat withdrawn	ed liability company ively dissolved/ voluntari limited liability company	्रिती ly disse	تي	·	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314