

# L15000054569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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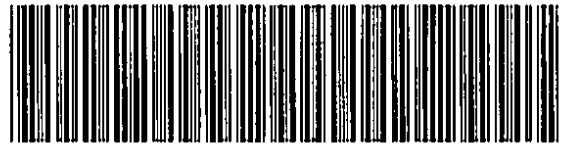
(Business Entity Name)

(Document Number)

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FALL BASEL, MO, IL

FEB 18 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lana Skincare LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000054569

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:

Christopher Torchia

\_\_\_\_\_  
Name of Person

Torchia Law Firm PA

\_\_\_\_\_  
Name of Firm/Company

522 S Hunt Club Blvd PMB 326

\_\_\_\_\_  
Address

Apopka, FL 32703-4960

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Christopher Torchia

\_\_\_\_\_  
Name of Person

at (

407

)  
Area Code

869-1004

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

Torchia Law Firm PA

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for Laka Skincare LLC

\_\_\_\_\_  
Name of Limited Liability Company

L15000054569

\_\_\_\_\_  
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:

Christopher Torchia

\_\_\_\_\_  
Typed or Printed Name

President, Torchia Law Firm PA

\_\_\_\_\_  
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  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA