

L15 000063456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

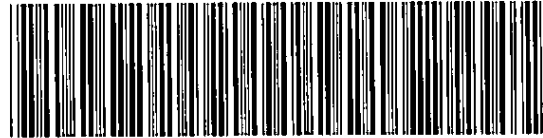
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600331599006

037 11 0000 01 000000

四
三
二
一

19 JUL-5 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 17 20
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N.S. Designs, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000063456

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:

Nicole Savino
Name of Person

Name of Firm/Company

5710 NE 16th Ter.
Address

Fort Lauderdale, FL 33334
City/State and Zip Code

NSDesigns5005@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Savino at (954) 549-7042
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

InCorp Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for N.S. Designs, LLC
Name of Limited Liability Company

L15000063456
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.

Vanissa Moon
Signature of Resigning Agent

If signing on behalf of an entity:

Vanissa Moon for InCorp Services, Inc.
Typed or Printed Name
Authorized Representative
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

FILED
19 JUL -5 PM 1:51
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA