

L15000140400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

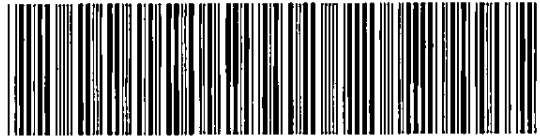
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SECRETARY OF STATE
TALLAHASSEE FL

RA Resignation

MAY 13 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAUREN INTERNATIONAL DUTY FREE EXPORT SALES LTD.
Name of Limited Liability Company

DOCUMENT NUMBER: L15000140400

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:

Name of Person

UNITED STATES CORPORATION AGENTS INC.
Name of Firm/Company

476 RIVERSIDE AVE.
Address

JACKSONVILLE FL 32202
City/State and Zip Code

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

For further information concerning this matter, please call:

SIMON REARROW SMITH at (786) 593 4212
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

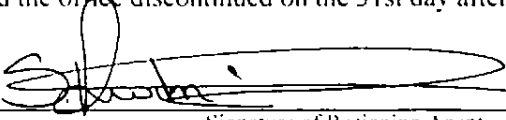
UNITED STATES CORPORATION AGENTS INC hereby resigns as
Name of Registered Agent

Registered Agent for LAUREN INTERNATIONAL DUTY FREE EXPORT SALES LTO
Name of Limited Liability Company

L15000140400
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:

SIMON REARDON SMITH
Typed or Printed Name
OWNER / DIRECTOR OF LIDFES LTO
Capacity
I WILL ACT AS AGENT/OWNER.

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, FL