

L15CCO1646C7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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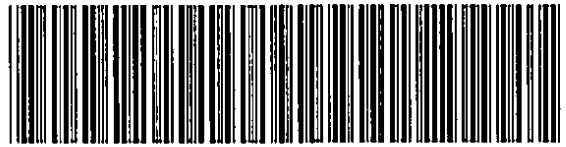
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

Y. SULKER
FEB 10 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE SALON & DAY SPA LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000164607

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:

JB ROTH

Name of Person

ROTH LAW FIRM PL

Name of Firm/Company

450 STATE ROAD 13 NORTH, SUITE 106 - PMB 134

Address

SAINT JOHNS, FL 32259

City/State and Zip Code

JB@ROTHFIRM.NET

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

For further information concerning this matter, please call:

JB ROTH

Name of Person at (904) 595-7900
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ROTH LAW FIRM PL

, hereby resigns as

Name of Registered Agent

Registered Agent for ELITE SALON & DAY SPA LLC

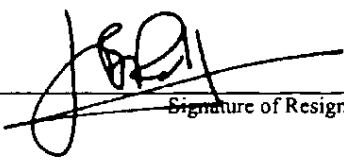
Name of Limited Liability Company

L15000164607

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:

JEAN B. ROTH

Typed or Printed Name

AUTHORIZED MEMBER

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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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL
FILED