

L16000054671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

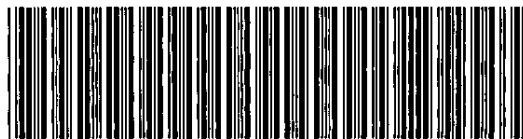
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
JUN 1 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gixi Couture LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000054671

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:

Gisela I. De la Torre

Name of Person

Gixi Couture LLC

Name of Firm/Company

1500 bay road # 1020

Address

Miami Beach, Fl. 33139

City/State and Zip Code

gixicouture@gmail.com

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

For further information concerning this matter, please call:

Gisela I. De la Torre

at (

786

3334605

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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MAY 30 AM 9:41  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

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

Maria J. Londono S

Name of Registered Agent

, hereby resigns as

Registered Agent for Gixi Couture LLC

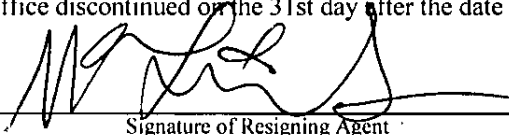
Name of Limited Liability Company

L16000054671

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:

Maria J. Londono S

Typed or Printed Name

Registered Agent / Manager

Capacity

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TALLAHASSEE, FLORIDA

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

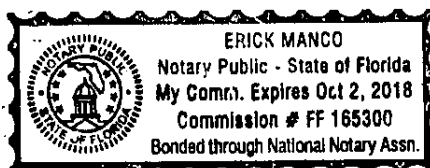
Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32309-0327

INHS17(2/14)



COUNTY OF DADE  
THE FOREGOING INSTRUMENT WAS SWORN AND SUBSCRIBED TO BEFORE ME ON  
THIS 5/24/17  
BY MARIA LONDONO SANDY  
PERSONALLY KNOWN TO ME [ ] OR PRODUCED IDENTIFICATION [X]  
TYPE OR I.D. PRODUCED: FILED L535550 77 7780

(NOTARY SIGNATURE)