# L16 000 156955

(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:		





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09/17/20--01016--019 ++25.00

THE ED 2020 SEP 17 AHII: 04

JQ 10/20/20

### **COVER LETTER**

SUBJECT: The Elegant Artist, LLC Name	of Limited Liability	Company
DOCUMENT NUMBER: L160001569		· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Afor filing.	Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence concern	ing this matter to th	ne following:
United States Corporation Agents, In	C.	
Name of Person	<del></del>	
Legalzoom.com, Inc.		
Name of Firm/Company	,	
101 North Brand Blvd. 11th Floor		
Address		
Glendale, CA 91203		
City/State and Zip Code		•
raresignations@legalzoom.com		
E-mail address: (to be used for future annua	il report notification)	-
For further information concerning this n	natter, please call:	
Janna Pantoja	800 at (	773-0888 x3950 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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 605.01	15, Florida Statutes, the under	rsigned,	
United States Corporation Agents,	Inc.	. hereby resigns as	
Name of Registered Agent		Hereby resigns as	
Registered Agent for The Elegant Artist	t, LLC		
Name of Li	mited Liability Company		
L16000156955			
Document Number, if known	<del></del>		
A copy of this resignation was mailed to the	above listed limited liability of	company at its last known address.	
The agency is terminated and the office disc	ontinued on the 31st day after	the date on which this statement is filed.	
	Signature of Resigning Agent		
If signing on behalf of an entity:	Signature of Resigning Agent		
Cheyenne Mos	eley		
Typed or Printed Name			
Asst. Secretary for United States Corporation Agents, Inc.		ents, Inc.	
	Capacity	2020 SEP 17	
FILING	G FEES:		
\$ 85.00 \$ 25.00	Active limited liability con Administratively dissolved withdrawn limited liability	d/voluntarily dissolved/ 🖘 🚾	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314