

L16000221481

(Requestor's Name)

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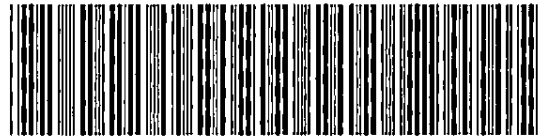
(Business Entity Name)

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DATE: 01/10/23

NAME: HARMONY RETAIL LLC

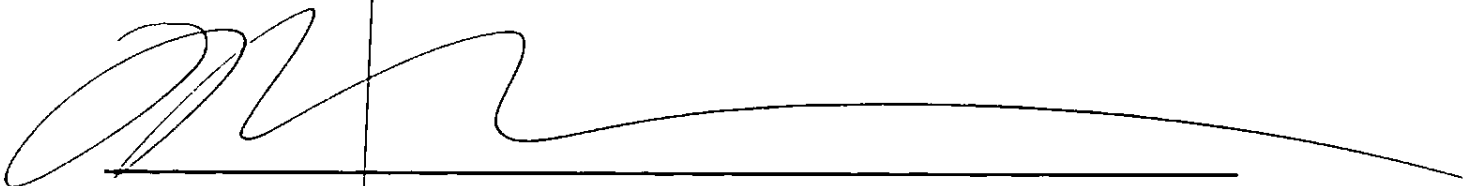
TYPE OF FILING: RESIGNATION OF REGISTERED AGENT

COST: 85.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harmony Retail

Name of Limited Liability Company

DOCUMENT NUMBER: U16000221481

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:

Jim Pratt / Paige Huff

Name of Person

burr & Forman LLP

Name of Firm/Company

200 S. Orange Ave. STE 800

Address

Orlando, Florida 32801

City/State and Zip Code

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

For further information concerning this matter, please call:

Paige Huff

407

540-6684

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Steve Fusilier

hereby resigns as

Name of Registered Agent

Registered Agent for Harmony Retail LLC

Name of Limited Liability Company

L16000221481

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:

Typed or Printed Name

Capacity

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TALLAHASSEE, FL

FILING FEES:

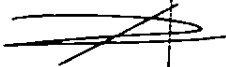
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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

RESIGNATION

I, Steve Fusilier, hereby resign from my position as a member, manager, officer, and from any and all other positions or designations that I may hold with Harmony Retail LLC, including as an employee or registered agent.

Effective: May 28, 2021



Printed Name: Steve Fusilier

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HARMONY RETAIL LLC