

L17 0000 45871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

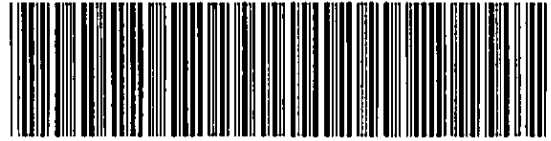
(Business Entity Name)

(Document Number)

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4/30/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LA VERNE NAILS AND SPA, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000045871

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:

United States Corporation Agents, Inc.  
Name of Person

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 annual report notification)

For further information concerning this matter, please call:

Janna Pantoja at (800) 773-0888 x3950  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# 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 LA VERNE NAILS AND SPA, LLC

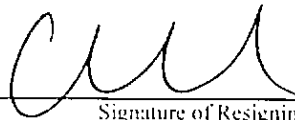
\_\_\_\_\_  
Name of Limited Liability Company

L17000045871

\_\_\_\_\_  
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:

Cheyenne Moseley

\_\_\_\_\_  
Typed or Printed Name

Asst. Secretary for United States Corporation Agents, Inc.

\_\_\_\_\_  
Capacity

2020 APR 20 PM 1:58  
SECRETARY OF STATE  
STATE OF 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 32314