117000060736

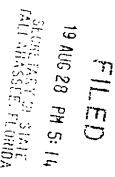
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

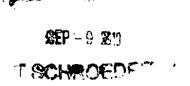
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>LURE FASHION BO</u>	lame of Limited Liability Company
DOCUMENT NUMBER: <u>L17000</u>	060736
The enclosed Resignation of Register submitted for filing.	red Agent for a Limited Liability Company and fee arc
Please return all correspondence conc	cerning this matter to the following:
United States Corporation Agents	s, Inc.
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Comp	pany.
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip C	Zode
raresignations@legalzoom.com	
E-mail address: (to be used for future a	innual report notification)
For further information concerning th	nis matter, please call:
Kasandra Lund	at (1 800) 773-0888 x3951
Name of Person	Area Code Davtime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115. Florida Statutes, the undersign	ied.
United States Corp	, hereby resigns as	
	Name of Registered Agent	
Registered Agent for_	LURE FASHION BOUTIQUE, LLC	· · · · · · · · · · · · · · · · · · ·
	Name of Limited Liability Company	 -
L17000060736		
Document N	iumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability com	pany at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after the date to the date of Resigning Agent	e on which this statement is filed
If signing on behalf of	an entity:	₹7
	Cheyenne Moseley	19 111-15
	Typed or Printed Name	AUG 28
	Asst. Secretary for United States Corporation Agents, Ir	1C. SS. 28
	Capacity	FILED UE 28 PM 5: LIANTY OF SIAN LIANTY OF
	FILING FEES: \$ 85.00 Active limited liability compans \$ 25.00 Administratively dissolved/withdrawn limited liability co	voluntarily dissolved/

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