

L170000083083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

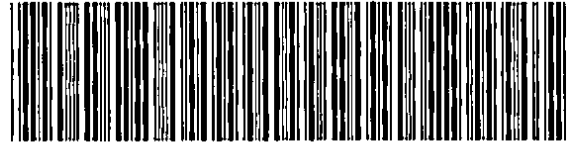
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER

JUN 14 2019

TO: Registration Section  
Division of Corporations

SUBJECT: April's Zen Den  
Name of Limited Liability Company

DOCUMENT NUMBER: \_\_\_\_\_

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:

April Bourgeois  
Name of Person

April's Zen Den  
Name of Firm/Company

119 Belles Chase Court  
Address

St Augustine, FL 32086  
City/State and Zip Code

April 9997@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Bourgeois at (850) 418-1516  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limit liability company.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,

Legal Zoom \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for April's Zen Den \_\_\_\_\_

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

L17000083083  
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.

April Bourgeois  
Signature of Resigning Agent

If signing on behalf of an entity:

April Bourgeois  
Typed or Printed Name

\_\_\_\_\_  
Capacity

## **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