L17 000181956

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Luli Boutique, LLC		
Name of Lim	ited Liability	Company
DOCUMENT NUMBER: L17000181956		
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to th	ne following:
United States Corporation Agents, Inc.		
Name of Person	.,	
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		
Address		
Austin, TX 78717		
City/State and Zip Code		
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report i	notification)	
For further information concerning this matter, p	olease call:	
at i	800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.011	15, Florida Statutes, the under	rsigned,
United States Corporation Agents, Inc.			
		ent	hereby resigns as
Registered Agent for	uli Boutique, LLC		
	Name of Lir	nited Liability Company	,
L17000181956			
Document N	umber, if known		
			company at its last known address. the date on which this statement is filed.
		Signature of Resigning Agent	
If signing on behalf of a	in entity:		
	Cheyenne Moseley		- j ^o
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agents, Inc.		ents, Inc.
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	d/voluntarily dissolved/

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