

L17000 243 995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

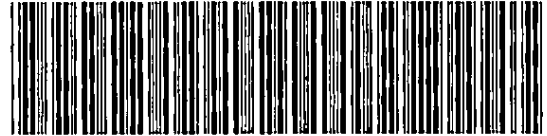
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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O. SCOTT  
JAN 8 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Asian Walk-In Massage, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000243985

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:

Ed Tsuji

Name of Person

MyNewCompany.com, Inc.

Name of Firm/Company

187 E. Warm Springs Rd., Suite B

Address

Las Vegas, NV 89119

City/State and Zip Code

pacificmassagellc@gmail.com

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

For further information concerning this matter, please call:

Ed Tsuji

at ( 702 ) 362-2677

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2019 DEC 18 P 11:22  
TALLAHASSEE, FLORIDA  
FBI

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

InCorp Services, Inc. \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Asian Walk-In Massage, LLC

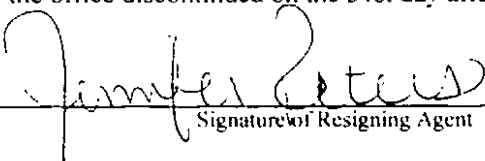
\_\_\_\_\_  
Name of Limited Liability Company

L17000243985

\_\_\_\_\_  
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:

Jennifer Peters

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

Assistant Secretary

\_\_\_\_\_  
Capacity

### **FILING FEES:**

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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