

L18 000041651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

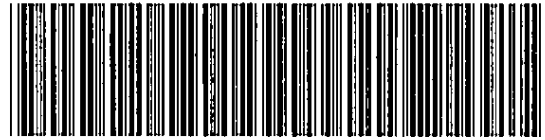
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 10 2020

2020 JUN -3 AM 10: 01

R/A-Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pretty Things By Patricia, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000041651

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:

Cassandra L. Denmark

Name of Person

Law Office of Cassandra L. Denmark, LLC

Name of Firm/Company

690 East Davidson Street

Address

Bartow, Florida

City/State and Zip Code

Patricia.thomas01@icloud.com

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

For further information concerning this matter, please call:

Patricia Thomas

863

259-7973

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

Cassandra L. Denmark

, hereby resigns as

Name of Registered Agent

Registered Agent for Pretty Things By Patricia, LLC

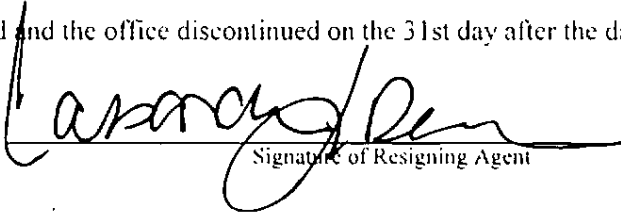
Name of Limited Liability Company

L18000041651

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.

 6/4/2020
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

2020 JUN -8 AM 10:01

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