

L18000 117 237

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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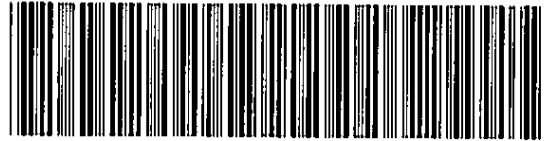
(Business Entity Name)

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FILED
MAY 15 2015
TALLAHASSEE, FLORIDA

FILED
MAY 15 2015
TALLAHASSEE, FLORIDA

FILED
MAY 26 2015
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BE YOU GRAPHIC DESIGN, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000117237

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:

FELIPE MARDAKIS

Name of Person

PRIME ACCOUNTING & CONSULTANCY LLC

Name of Firm/Company

7345 W SAND LAKE RD STE 226

Address

ORLANDO, FL 32819

City/State and Zip Code

INFO@PRIMEACCOUNTING.COM

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

For further information concerning this matter, please call:

FELIPE MARDAKIS

Name of Person

at (407) 232-6777
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

PRIME ACCOUNTING & CONSULTANCY LLC, hereby resigns as
Name of Registered Agent

Registered Agent for BE YOU GRAPHIC DESIGN, LLC

Name of Limited Liability Company

L18000117237

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:

FELIPE MARDAKIS

Typed or Printed Name

MEMBER

Capacity

FILED
2013 MAY 15 PM 1:55
TALLAHASSEE, FLORIDA

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