

L18000160061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

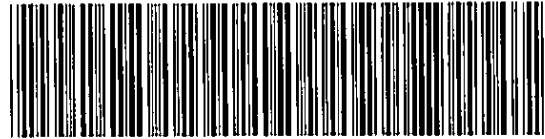
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
STATE OF NEW YORK  
JUL 27 2018

Ra Resignation

DEC 21 2018

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GLAM CORAL GABLES SALON LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000160061

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:

NOELIA M RAMOS

Name of Person

NOELIA M RAMOS PA

Name of Firm/Company

3105 NW 107 AVE STE 400

Address

DORAL, FL 33172

City/State and Zip Code

Noelia@nramoslaw.com

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

For further information concerning this matter, please call:

NOELIA M RAMOS

at ( 786 )

300-8117

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

HECTOR LOBO

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

Registered Agent for GLAM CORAL GABLES SALON LLC

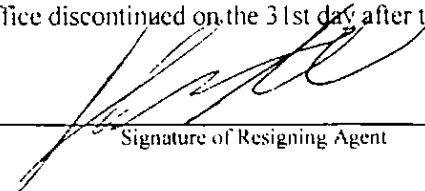
\_\_\_\_\_  
Name of Limited Liability Company

L18000160061

\_\_\_\_\_  
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:

Hector Lobo

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

Manager/Member

\_\_\_\_\_  
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