L18000 191759

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Registration Section Division of Corporations

TO:

Liability Company
Limited Liability Company and fee are submitted
ntter to the following:

fication)
se call:
800
800 773-0888 x3950 rea Code Daytime Telephone Number
partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limit
STREET ADDRESS:
i i

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	isions of section 605.011	5, Florida Statutes, the unders	signed,	
United States Corporation Agents, Inc.		nc.	hereby resigns as	
Name of Registered Agent			norto, rengia do	
Registered Agent fo	Your Styled Home	L.L.C.	,	
	Name of Lir	nited Liability Company		·
L18000191759				
Documer	it Number, it known			
A copy of this resign	nation was mailed to the	above listed limited liability co	ompany at its last known add	Iress.
The agency is termin	nated and the office disco	ontinued on the 31st day after Signature of Resigning Agent	the date on which this statem	nent is filed.
If signing on behalf	of an entity:		-77	201
Cheyenne Moseley			Fi	E 2019 SEI
		Typed or Printed Name		
	Asst. Secretary for t	United States Corporation Age	nts, Inc.	, 6
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	// voluntarily dissolved/	PH 5:29

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