11/29/22, 12.08 PM

Division of Corporations



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(((H220004016673)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC REGISTERED AGENT RESIGNATION THE SKINNY DIP: PALM BEACH EDITION LLC

Certificate of Status	0
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TO: Registration Section Division of Corporations

SUBJECT: THE SKINNY DIP: PALM BEACH EDITION	ILLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000200374	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Westley Look	
Name of Person	
Incorporating Services, Ltd.	
Name of Firm/Company	
3500 S DuPont Highway	
Address	
Dover, DE 19901	
City/State and Zip Code	
wlook@incserv.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Westley Look 302	531-0703
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

H22000 401667 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Flo	rida Statutes, the unc	dersigned,		
Incorporating Services, Ltd.		, hereby resigns as			
	_, , ,				
Registered Agent for TH	E SKINNY DIP: PAL	M BEACH EDITI	ON LLC		-
	Name of Limited Li	iability Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_)
L18000200374					
Document Nun	iber, il'known				
A copy of this resignation	was mailed to the above	listed limited liabilit	y company at its last know	wn address	,
The agency is terminated	and the office discontinue	ed on the 31st day af	ter the date on which this	statement i	s filed.
	Rman Co Sign	ature of Resigning Agent	rmbault	5	
If signing on behalf of an	entity:				
	Amanda Archambault			2022 DEC 20	
Typed or Printed Name				<u> </u>	
	Assistant Secretary		· · · · · · · · · · · · · · · · · · ·	~	ニャジ
	Cu	pacity			
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					<u>.</u>
	FILING FEE \$ 85.00 Ac \$ 25.00 Ad wi	S: tive limited liability ministratively dissol thdrawn limited liab	company ived/voluntarily dissolve ility company	26 ed/	

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