118000293259

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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FALL AHASSEY FLORIDA

TECHNOEDER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	JECT: Muah Cosmetics LLC Name of Limited Liability Co	
DOCI		
The er for fili	nclosed Resignation of Registered Agent for a Limited Ling.	iability Company and fee are submitted
Please	e return all correspondence concerning this matter to the	following:
Unite	ed States Corporation Agents, Inc.	
	Name of Person	
Legal	Izoom.com, Inc.	
	Name of Firm/Company	
101 N	North Brand Blvd. 11th Floor	
	Address	
Glenc	dale, CA 91203	
	City/State and Zip Code	
raresi	ignations@legalzoom.com	
Ē-	-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	
Janna	a Pantoja 800 ,7	73-0888 x3950
	A Pantoja at (800 7 Name of Person Area Code E	Daytime Telephone Number
Enclos liabilit liabilit	sed is a check made payable to the Florida Department of ty company or \$25.00 for an administratively dissolved, or ty company.	f State for \$85.00 for an active limited voluntarily dissolved or withdrawn limite

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 provisi	ons of section 605.0115, Florida Statutes, the under	signed.	
United States Corp	hereby resigns as		
	manas, mangan an		
Registered Agent for	Muah Cosmetics LLC		
	Name of Limited Liability Company		
L18000293259			
Document 8	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability (company at its last known address.	
The agency is terminat	ed and the office discontinued on the 31st day after	the date on which this statement is f	iled.
It signing on behalf of	an entity:	1888 -6 F	-
	Cheyenne Moseley		Π
	Typed or Printed Name		נ
	Asst. Secretary for United States Corporation Age	ents, Inc.	
	Capacity	40 3	

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