

L19000076028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

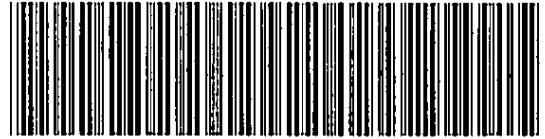
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 360 LIVE MARKETING LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000076028

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:

TIFFAY GONZALEZ

Name of Person

ACCOUNTING TO SCALE

Name of Firm/Company

8055 CORAL WAY

Address

MIAMI, FL 33155

City/State and Zip Code

Luiz@wgylifestyle.com

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

For further information concerning this matter, please call:

TIFFANY GONZALEZ

Name of Person

at (786) 942.9327

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ACCOUNTING TO SCALE

, hereby resigns as

Name of Registered Agent

Registered Agent for **360 LIVE MARKETING LLC**

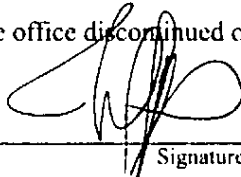
Name of Limited Liability Company

L19000076028

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:

TIFFANY GONZALEZ

Typed or Printed Name

CEO

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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19 OCT -2 AM 8:49
STATE OF FLORIDA
TALLAHASSEE

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