# 119 0000084676

(Re	questor's Name)	
(Âd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Fitbeauty Cosmetics LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L19000084676
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
, 800 773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	f section 605.0115, Florida Statutes, the til	ndersigned.	
United States Corpora		•	
Nai	me of Registered Agent	, hereby resigns as	
Registered Agent for Fitbe	eauty Cosmetics LLC		
		### ##################################	2 8 5
	Name of Limited Liability Company		
L19000084676			1
Document Numbe	r. if known	3	垩
A copy of this resignation w	ras mailed to the above listed limited liabil	ity company at its last known address.	7: 57
The agency is terminated an	d the office discontinued on the 31st day a		filed.
If signing on behalf of an en	tity:		
Cł	neyenne Moseley		
	Typed or Printed Name	<del></del> -	
As	st. Secretary for United States Corporation	Agents, Inc.	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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