

L19000285237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

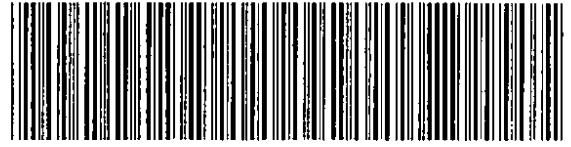
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2023 JUN 30 PM 12:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Details Decided, LLC — Voluntarily Dissolved
Name of Limited Liability Company

DOCUMENT NUMBER: L19000285237

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:

Nadia B. Chin

Name of Person

Details Decided LLC

Name of Firm/Company

7363 NW 49th Place

Address

Lauderhill, FL 33319

City/State and Zip Code

nadiabchin@gmail.com

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

For further information concerning this matter, please call:

Nadia Chin

Name of Person

at (

954

Area Code

629-4377

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Nadia B. Chin

Name of Registered Agent

, hereby resigns as

Registered Agent for Details Decided LLC

Name of Limited Liability Company

L19000285237

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:

Nadia B. Chin

Typed or Printed Name

Self

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILED
CLERK OF STATE
OF FLORIDA
2023 JUN 30 PM 12:17