

L19000305750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2020

JASMINE HEGGINS  
3617 CAROLINE VALE BLVD  
JACKSONVILLE, FL 32277

SUBJECT: TRUE FRESHMAN APPAREL, LLC  
Ref. Number: L19000305750

We have received your document for TRUE FRESHMAN APPAREL, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY PARTNESHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 320A00025482

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: True Freshman Apparel LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L19000305750

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:

Jasmine Heggins  
Name of Person

True Freshman Apparel LLC  
Name of Firm/Company

3617 Caroline Vale Blvd  
Address

Jacksonville, FL 32277  
City/State and Zip Code

~~cheggins~~ jasmine@truefreshmanapparel.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jasmine Heggins at ( 904 ) 568-6390  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Pierre C. Maignan

Name of Registered Agent

, hereby resigns as

Registered Agent for True Freshman Apparel LLC

Name of Limited Liability Company

L19000305750

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.

P. Maignan

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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