# L20000088735

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(,,,,,,,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
:			

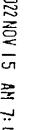
Office Use Only

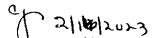


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SEGALA SASSEE, FL





#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: GLAMOUR GIRLZ NAIL SAL	LON L.L.C. ne of Limited Liability	r Company
DOCUMENT NUMBER: 12000008873		· ·
		d Liability Company and fee are submitted
Please return all correspondence concer	rning this matter to tl	he following:
Chelsea Chapman		
Name of Person		-
Legaline Corporate Services, INC.		
Name of Firm/Compar	ny	-
10601 Clarence Dr Ste 250		
Address	-	-
Frisco, TX 75033-3867		
City/State and Zip Coo	de	-
ra@legalinc.com		
E-mail address: (to be used for future ann	ual report notification)	-
For further information concerning this	matter, please call:	
Chelsea Chapman	844 at (	386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the u	indersigned,
Name of Registered Agent		, hereby resigns as
Registered Agent for _	GLAMOUR GIRLZ NAIL SALON L.L.C.	
-	Name of Limited Liability Company	•
L20000088735		
Document N	umber, if known	
A copy of this resignat	ion was mailed to the above listed limited liabi	lity company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day	after the date on which this statement is fil
	Signature of Resigning Ag	and a second
If signing on behalf of	an entity:	2022 NOV 15
	Chelsea Chapman	
	Typed or Printed Name	11.
	On Behalf of Legaline Corporate Services, INC	
	Capacity	7: 47 E. FL

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314

FILING FEES:

© \$ 85.00 Active limited liability company

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

INHS17 (2/14)