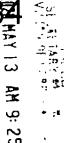
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| - | (Requestor's Name) | | | | |
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| į | PICK-UP WAIT MAIL | | | | |
| | (Business Entity Name) | | | | |
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| | Certified Copies Certificates of Status | | | | |
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| | Special Instructions to Filing Officer: | | | | |
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Office Use Only



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2020 MST 13 AM 10: 25

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 30, 2020

KAYLA DEAL 6323 ROLLING TREE ST JACKSONVILLE, FL 32222

SUBJECT: TOUCHED COSMETICS BY KAY'LA L.L.C

Ref. Number: L20000105409

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee for filing a registered agent's statement of resignation from an active limited liability company is \$85. Therefore, there is a balance due of \$60.00.

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.

Querida R Moore Regulatory Specialist II

Letter Number: 620A00008974

COVER LETTER

| Touched Cosmetics By Kay'La SUBJECT: | | |
|---|------------------|---|
| Name of Li | imited Liability | / Company |
| DOCUMENT NUMBER: | | |
| The enclosed Resignation of Registered Agen for filing. | t for a Limite | d Liability Company and fee are submitted |
| Please return all correspondence concerning the | his matter to t | he following: |
| Kayla Deal | | |
| Name of Person | | - |
| Touched Cosmetics By Kay'La | | |
| Name of Firm/Company | | - |
| 6323 Rolling Tree St | | |
| Address | | - |
| Jacksonville, Florida 32222 | | |
| City/State and Zip Code | | • |
| kdeal@jacksonville.edu | | |
| E-mail address: (to be used for future annual repo | rt notification) | - |
| For further information concerning this matter | r, please call: | |
| Kayla Deal | 850 at (| 797-1648 |
| 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

Registration Section Division of Corporations

TO:

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 pro | visions of section 605.0115, Florida Statutes | , the undersigned, | | |
|------------------------|---|---|---------------|----------------------|
| Kayla Deal . hereby re | | , hereby resigns as | | |
| | Name of Registered Agent | | | |
| Registered Agent f | Touched Cosmetics By Kay' La | | | |
| | Name of Limited Liability Compa | ny | | |
| h LOC Docum | ent Number. if known | | | |
| A copy of this resi | gnation was mailed to the above listed limite | d liability company at its last known | address. | |
| The agency is term | inated and the office discontinued on the 31s | st day after the date on which this sta | itement is fi | iled. |
| | Layla Dle Signature of Resign | 2 Ling Agent | 2020 HAY | : }:. : |
| If signing on behal | f of an entity: | | A | ਰਸ਼ ≛ਛਾ≃ |
| | Touched Cosmetics By Kay'La | | ω | |
| | Typed or Printed Name | 2 | A | 7. 11. (14.4) |
| | 1 | | ••• | • 1 |
| | Capacity | | 25 | ٠, |

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