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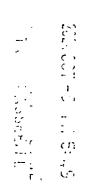
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#### **COVER LETTER**

SUBJECT:  Name of Limited Liabilit	y Company
DOCUMENT NUMBER: 85-3365466	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Andrea Gutierrez	
Name of Person	_
The Vines Digital / La Pearlette	
Name of Firm/Company	_
1317 Edgewater Dr. #2559	
Address	_
Orlando, Florida 32804	
City/State and Zip Code	_
thevinesdigital@gmail.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Andrea Gutierrez 407	607 - 1808
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

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

Andrea Gutierrez	, h	ereby resigns as
	Name of Registered Agent	
Registered Agent for _	La Pearlette LLC	
	Name of Limited Liability Company	
85-3365466		
Document N	lumber, if known	
A conv of this resignat	ion was mailed to the above listed limited liability cor	nnany at its last known address
The agency is terminate	ed and the office discontinued on the 31st day after th	e date on which this statement
	Signature of Resigning Agent	
If signing on behalf of	an entity;	d : (5)
	Andrea Gutierrez	<del></del>
	Andrea Gutierrez  Typed or Printed Name	₹ - <u>.</u> !
	Typed or Printed Name	
	Typed or Printed Name	±+ €r,

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

#### **COVER LETTER**

La Basslatta I.I.C	
SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: 85-3365466	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
Andrea Gutierrez	
Name of Person	
The Vines Digital / La Pearlette	
Name of Firm/Company	
1317 Edgewater Dr, #2559	
Address	
Orlando, Florida 32804	
City/State and Zip Code	
thevinesdigital@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Andrea Gutierrez 407	607 - 1808
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 provision	ons of section 605.0	1115, Florida Statutes, the undersigned,
Andrea Gutierrez		, hereby resigns as
	Name of Registered	
Registered Agent for _	La Pearlette LLC	
<del></del>	Name of	Limited Liability Company
85-3365466		
Document N	lumber, if known	<del></del>
.,		he above listed limited liability company at its last known address. scontinued on the 31st day after the date on which this statement is filed
		Signature of Resigning Agent
If signing on behalf of	an entity:	
	Andrea Gutierrez	
	· · · · · · · · · · · · · · · · · · ·	Typed or Printed Name
	<del></del>	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