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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

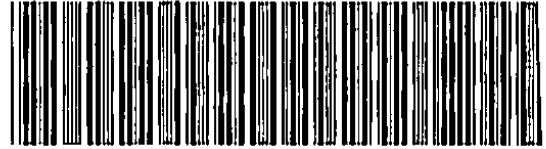
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2022 NOV 14 PM 12:33  
SECRETARY  
HALLMARK  
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# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** H. TERAMEAU CONSULTING & VINTAGE LOVE WEDDINGS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000325536

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submit for filing.

Please return all correspondence concerning this matter to the following:

Chelsea Chapman

\_\_\_\_\_  
Name of Person

Legaline Corporate Services, INC.

\_\_\_\_\_  
Name of Firm/Company

10601 Clarence Dr Ste 250

\_\_\_\_\_  
Address

Frisco, TX 75033-3867

\_\_\_\_\_  
City/State and Zip Code

ra@legaline.com

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

For further information concerning this matter, please call:

Chelsea Chapman

844

386-0178

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2022 NOV 14 PM 12:33  
SECRETARY OF  
TALLAHASSEE, FL

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

Legaline Corporate Services, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for H. TERAMEAU CONSULTING & VINTAGE LOVE WEDDINGS LLC

Name of Limited Liability Company

L20000325536

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:

Zachary Mathewson

Typed or Printed Name

On Behalf of Legaline Corporate Services, INC.

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