# 121000045699

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE

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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Paradise Beauty Mink LLO	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000045699	
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 the	ne following:
United States Corporation Agents, Inc.	
Name of Person	•
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 at (	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the unde	rsigned,	
United States Co	rporation Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	, nereby resigns as	
Registered Agent for	Paradise Beauty Mink LLC		
	Name of Limited Liability Company	•	
L21000045699			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability	company at its last known address.	
The agency is termina	ated and the office discontinued on the 31st day after	the date on which this statement is f	iled.
	Signature of Resigning Agent	2022 DEC SECRET TALLAHA	<b>-</b> T3
If signing on behalf or	f an entity:	DEC 13 RETARY AHASSI	<u> </u>
	Cheyenne Moseley	ARY ASSE	TTI
	Typed or Printed Name		111
	Asst. Secretary for United States Corporation Age	ents, Inc.	U
	Capacity	PATE 5	

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