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(Re	questor's Name)	
(Ad	dress)	<u></u>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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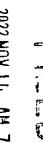
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SECLLE SECSTATE
TALLANASSEE, FL



COVER LETTER

Registration Section Division of Corporations

TO:

oility Company
nited Liability Company and fee are submitted
to the following:

<u>—</u>
on)
all:
386-0178) ode Daytime Telephone Number
ode Daytime Telephone Number
ment of State for \$85.00 for an active limited olved, voluntarily dissolved or withdrawn
Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Flo	rida Statutes, the undersigned,		
Legaline Corporate Services, INC.	herehy resi	, hereby resigns as	
Name of Registered Agent	, nereby resi	B113 413	
Registered Agent forDESIRED LASH ACCESSOR	IES L.L.C.		
Name of Limited Li	ability Company		
L21000088891			
Document Number, if known			
A copy of this resignation was mailed to the above	listed limited liability company at it	ts last known addre	ss.
The agency is terminated and the office discontinue	ed on the 31st day after the date on v	which this statemen	t is filed.
MULO Signa	dure of Resigning Agent		
f signing on behalf of an entity:	1 1	2022 SEC	
Chelsea Chapman		2022 NOV 14 SECRETAR	-1,1
Typed or	Printed Name		- ALT?
On Behalf of Legaline Corp	orate Services, INC.	က်	
Сар	acity	SEE, S	
		7: II SPATI E. FL	
O \$ 25.00 Adn	s: ive limited liability company ninistratively dissolved/voluntarily hdrawn limited liability company	y dissolved/	
Divisi	Torida Department of State and mail ion of Corporations P.O. Box 6327 ahassee, FL 32314	to:	

1NHS17 (2/14)