L21000/03409

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

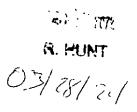
Office Use Only



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03/28/24--01008--007 **25.00





COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Forever Design by Fadia			
Name of Limited Liability	/ Company	<u>-</u>	
DOCUMENT NUMBER: L21000103409			
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company	y and fee ar	e submitted
Please return all correspondence concerning this matter to the	he following:		
United States Corporation Agents, Inc.			
Name of Person	-		
Legalzoom.com, Inc.			
Name of Firm/Company	-		. 1
9900 Spectrum Dr.			2
Address	-	_;	
Austin, TX 78717		· · ·	: ::
City/State and Zip Code	-		
raresignations@legalzoom.com		7.17	PH 12: 37
E-mail address: (to be used for future annual report notification)	-	1.1	7
For further information concerning this matter, please call:			
800	773-0888		
Name of Person at (Daytime Telephone	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.011	5. Florida Statutes, the und	ersigned,	
United States Corporation Agents, Inc.		, hereby resigns as		
	Name of Registered Age		_ t hereby resigns us	
Registered Agent for F	orever Design by	Fadia LLC		
				··
	Name of Lin	nited Liability Company		
L21000103409				
Document Nu	ımber, if known			
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last kno	own address.
The agency is terminate	d and the office disco	ontinued on the 31st day after	er the date on which this	s statement is filed.
		au		
		Signature of Resigning Agent		
If signing on behalf of a	n entity:			
	Cheyenne Moseley			
	Typed or Printed Name			
Asst. Secretary for United States Corporation Agents, Inc.		gents, Inc.	·	
		Capacity	·	•
				الرقيد
			123	<u> </u>
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liability of the Administratively dissolved by the Administratively dissolved by the Administrative liability of the Administrative liability liabili	company (12) yed/ voluntarily dissolve lity company	PHI2: 37

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