

L21000106121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

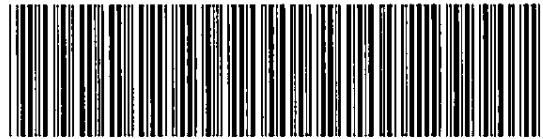
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAA Life Style International LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000106121

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

Please return all correspondence concerning this matter to the following:

Filing Department
Name of Person

Incorporate Now Inc
Name of Firm/Company

720 Lucerne Ave., #311
Address

Lake Worth, FL 33460
City/State and Zip Code

corp@incorporatenow.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Filing Department at (**800**) **371 - 1217**
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Constantin Luchian

Name of Registered Agent

, hereby resigns as

Registered Agent for **AAA Life Style International LLC**

Name of Limited Liability Company

L21000106121

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.

Constantin Luchian

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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

FILED
2023 NOV 27 AM 8:45
DIVISION OF STATE
TALLAHASSEE, FLORIDA

Signature Certificate

Reference number: UUMFM-XPVWB-ARFJJ-AWK4C

Signer

Timestamp

Signature

Constantin Luchian

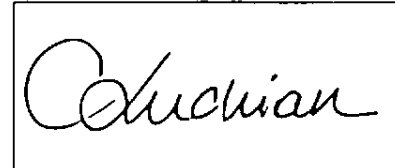
Email: cl@incorporatenow.com

Sent:

15 Nov 2023 02:25:44 UTC

Signed:

15 Nov 2023 02:25:44 UTC



IP address: 174.61.125.159

Location: Jupiter, United States

Document completed by all parties on:

15 Nov 2023 02:25:44 UTC

Page 1 of 1



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