L21000106177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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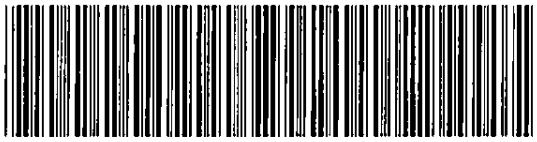

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 17 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Laura Leiser LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000106177

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:

Leiser Correa
Name of Person

LauraLeiser LLC
Name of Firm/Company

11040 Town Cir Apt 304
Address

Royal palm beach, FL, 33414
City/State and Zip Code

LeiserCo805@gmail.com
E-mail address: (to be used ~~for~~ future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Leiser Correa at (561) 633-1963
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Leiser Correa, hereby resigns as

Name of Registered Agent

Registered Agent for Laura Leiser LLC

Name of Limited Liability Company

L21000106177

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

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2024 MAR 14 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FL

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

INHS17 (2/14)