

L21 000149081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

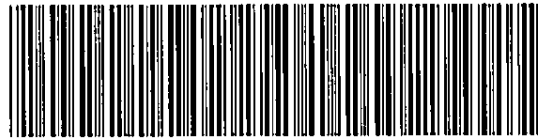
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400402183604

FILED

2023 FEB 22 PM 12:38

CLERK OF STATE  
TALLAHASSEE, FL

*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Utopia Home And Beauty, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L2 1000149081

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:

Claudia B. Low  
Name of Person

L2 Advisors, LLC  
Name of Firm/Company

1560 Sawgrass Corporate Parkway  
Address

Sunrise, FL 33323  
City/State and Zip Code

claudia @ L-2advisors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Low at (305) 924-1630  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED

2023 FEB 22 PM 12:38

CLERK OF STATE  
TALLAHASSEE, FL

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

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

L2 Advisors, LLC, hereby resigns as  
Name of Registered Agent

Registered Agent for Utopia Home and Beauty, LLC

Name of Limited Liability Company

L2100149081  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

L2 Advisors, LLC  
Typed or Printed Name  
AMBR  
Capacity

**FILED**  
2023 FEB 22 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

## 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