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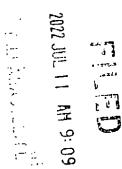
(Requestor's Name)	_
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( about	
(Address)	
(City/State/Zip/Phone #)	_
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PICK-UP WAIT MAIL	
(Business Fields Nove)	
(Business Entity Name)	
(Document Number)	_
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Special Instructions to Filing Officer:	٦
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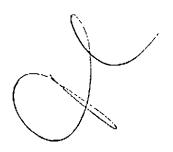
Office Use Only



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### **COVER LETTER**

Division of Corporations		
SUBJECT: Pampered Pretty Nails LLC	•	
Name of Limited Liability	/ Company	
DOCUMENT NUMBER: L21000189523		
The enclosed Resignation of Registered Agent for a Limited for filing.	f Liability Company and fee are	submitted
Please return all correspondence concerning this matter to the	ne following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company	-	2022
9900 Spectrum Dr.		ا عال 2022 عالما
Address		
Austin, TX 78717	ີ່ (ກ <del>ໄ</del> ດ້)	لا الا جيد حجم الحكم
City/State and Zip Code		) is L
raresignations@legalzoom.com	•	09
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
800	773-0888	
Name of Person at (at 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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 provis	sions of section 605.0115, Florida Statutes, the undersig	gned.	
United States Corporation Agents, Inc. , hereby re		ereby resigns as	
Registered Agent for	Pampered Pretty Nails LLC		
	Name of Limited Liability Company	,	
L21000189523			
Document	Number, if known		
-	ation was mailed to the above listed limited liability con ated and the office discontinued on the 31st day after th	~	filed.
	Signature of Resigning Agent		1 1 2 4 1 4 1 4 1
If signing on behalf of an entity:			2 <del>-2</del> 2 4 (
	Cheyenne Moseley	9:0	•
	Typed or Printed Name	<u> </u>	
	Asst. Secretary for United States Corporation Agent	s, Inc.	
	Capacity	<del></del>	

**FILING FEES:** 

\$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314