21000 478 082

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(Address)
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2024 JUH 21 M 9: 06 SECNETALE SECRETARIES

COVER LETTER

TO:	Registration Section Division of Corporations						
SUB.	JECT: Na	ame of Limited	d Liability	Company		_	
DOC	UMENT NUMBER: L210004780)82	·				
The e	nclosed Resignation of Registeroing.	ed Agent for	a Limited	Liability C	Company and fee	are submitted	
Plcas	e return all correspondence conce	erning this m	atter to th	e following	g:		
S. Boa	adway						
	Name of Person					· 23	
Telos	Legal Corp.				 	2024 JUN 21 MM 9: 06	•
	Name of Firm/Comp	any			,		۲.
510 W	6th St #320				•	英二 1	٠,
	Address						
Los A	ngcles CA 90014					30 AB	
	City/State and Zip Co	ode				121	
	-mail address: (to be used for future an	nnual report not	ification)				
For fu	urther information concerning thi	is matter, ple	ase call:				
Susan	BoADWAY Name of Person	at (13	457-7502			
	Name of Person		rea Code	Daytime T	elephone Number	_ _	
liabili	sed is a check made payable to t ty company or \$25.00 for an adr d liability company.	he Florida D ninistratively	epartment dissolve	of State fo d, voluntari	or \$85.00 for an a ily dissolved or v	ictive limited vithdrawn	

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

COVER LETTER

SUBJECT: Name of Limited Liability	ty Company
DOCUMENT NUMBER: L21000478082	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
S. Boadway	
Name of Person	_
Telos Legal Corp.	
Name of Firm/Company	_
510 W 6th St #320	2024 JUH 21 SECRETALLA
Address	
Los Angeles CA 90014	
City/State and Zip Code	- W 9: 06
	inc co
E-mail address: (to be used for future annual report notification)	- TAT 06
For further information concerning this matter, please call:	
Susan BoADWAY 213	457-7502
Name of Person at (at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 provisi	ons of section 605.011:	5, Florida Statutes, the undersigned,			
Telos Legal Corp. , hereby resigns as					
	Name of Registered Ager		6		
Registered Agent for _	Estes Labs, LLC				
	Name of Lim	ited Liability Company	 ,		
L21000478082					
	Sumber, if known				
A copy of this resignat	ion was mailed to the a	above listed limited liability compan	y at its last known address.		
The agency is terminat	ed and the office disco	ntinued on the 31st day after the date	e on which this statement is fi	iled.	
	L				
		Signature of Resigning Agent			
If signing on behalf of	an entity:				
	Sebastian Camua		2 (
	17	yped or Printed Name	124 . FOR TAL		
	President, Telos Lega	·		14	
		Capacity	2024 JUN 21 SECRETAIN FALLAIN	• • •	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluments withdrawn limited liability comp	ntarily dissolved 5	•	

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