122000060793

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HK Beauty LLC Name of Limited Liabili	ty Company	
DOCUMENT NUMBER: L22000060793		
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are	e submitted
Please return all correspondence concerning this matter to	the following:	
United States Corporation Agents, Inc.		
Name of Person	-	
Legalzoom.com, Inc.		
Name of Firm/Company	_	
9900 Spectrum Dr.		
Address	_	
Austin, TX 78717		
City/State and Zip Code	-	
raresignations@legalzoom.com		- · • `
E-mail address: (to be used for future annual report notification)	-	53.
For further information concerning this matter, please call:	•	
at (<u>800</u>	773-0888	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.01	15. Florida Statutes, the t	indersigned,	
United States Cor	poration Agents, I	Inc.	, hereby resigns as	
	Name of Registered Ag	gent	, hereby resigns as	
Registered Agent for	HK Beauty LLC			
	Name of Li	imited Liability Company		,
L22000060793				
Document ?	Number, if known			
A copy of this resignar	ion was mailed to the	above listed limited liabi	lity company at its last kn	iown address.
The agency is terminat	ted and the office disc	ontinued on the 31st day a	after the date on which th	is statement is filed
		Signature of Resigning Agu	ent	
lf signing on behalf of	an entity:			
	Cheyenne Mos	eley		
		Typed or Printed Name		
	Asst. Secretary for	United States Corporation	Agents, Inc.	
		Capacity		_
	<u>FILING</u> \$ 85.00 \$ 25.00	<u>FEES:</u> Active limited liability Administratively disso withdrawn limited lia	y company olved/ voluntarily dissolv bility company	/ed/

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