

122000161732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

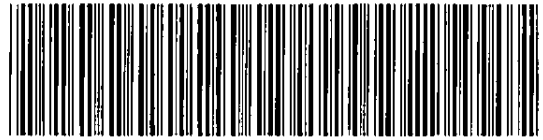
(Document Number)

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

Special Instructions to Filing Officer:

Resignation of RA

Office Use Only



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12/27/24--01045--022 \*\*25.00

FILED  
2024 DEC 27 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

AB

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**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOUSE WIVES OF SUGARMILL BOUTIQUE LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: 1.220000161732

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:

Adam Saulters

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Name of Person

ZenBusiness Inc.

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Name of Firm/Company

336 E. College Ave., Suite 301  
Address

Tallahassee, FL 32301

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City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Saulters at (844) 493-6249

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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

**FILED**

2024 DEC 27 AM 8:31

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
ZenBusiness Inc.,

SECRETARY OF STATE  
TALLAHASSEE, FL

hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for \_\_\_\_\_

HOUSE WIFE'S OF SUGARMILL BOUTIQUE LLC

\_\_\_\_\_  
Name of Limited Liability Company

1.22000161732

\_\_\_\_\_  
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

If signing on behalf of an entity:

Khadijeh Hemmati

\_\_\_\_\_  
Typed or Printed Name

Secretary

\_\_\_\_\_  
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**