

Office Use Only



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### COVER LETTER

SUBJECT: IM BEAUTY CARE LLC Name of	Limited Liabilit	v Company
DOCUMENT NUMBER: <u>L22000353547</u>		
The enclosed Resignation of Registered Age for filing.	ent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concerning	this matter to t	he following:
Chelsea Chapman		
Name of Person	<u> </u>	-
Legaline Corporate Services, INC.		
Name of Firm/Company		_
10601 Clarence Dr Ste 250		
Address		_
Frisco, TX 75033-3867		
City/State and Zip Code		-
ra@legalinc.com		
E-mail address: (to be used for future annual rep	ort notification)	_
For further information concerning this matt	er, please call:	
Chelsea Chapman	844 _at (	386-0178
Name of Person	Tarea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, F1, 32314

Registration Section Division of Corporations

TO:

# 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 provision	ons of section 605.0115. Florida Statutes, the u	undersigned.	
Legaline Corporate Services, INC.  Name of Registered Agent		, hereby resigns as	
Registered Agent for <u>J</u>	M BEAUTY CARE LLC		-
	Name of Limited Liability Company		_·
1_22000353547 Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liabi	ility company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day	after the date on which this statement is	tiled.
If signing on behalf of a	Agnature of Resigning Ag	SECINC I LA SECINCIA I LA SECINC	· 7;
	Zachary Mathewson		
	Typed or Printed Name		FFO
	On Behalf of Legaline Corporate Services, INC	SEE, FL	
	Capacity		

FILING FEES: \$ 85.00 Active limited liability company **o** \$ 85.00

Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company **O** \$ 25.00

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