# 422000383149

(Req	uestor's Name)			
(Add	lress)			
(Add	lress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700396352587

10/24/22--01088--015 \*\*95.00

2022 OCT 24 AMII: 22 SECRETARY OF STAIR

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
, britani di persitani	
SUBJECT: Skin and Body by Lauren	LLC
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L22000383149	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
United States Corporation Agents, Inc.	
Name of Person	<del>-</del>
Legalzoom.com, Inc.	
Name of Firm/Company	_
9900 Spectrum Dr.	
Address	<del>-</del>
Austin, TX 78717	
City/State and Zip Code	_
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
800 at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 60.	5.0115. Florida Statutes, the u	ndersigned,		
United States Corporation Agents, Inc.  Name of Registered Agent		homeles and		
		hereby resigns as		
Registered Agent for Skin and Body	by Lauren LLC			-
Name	of Limited Liability Company	<del></del>	,	··
L22000383149				
Document Number, if known	<del></del>			
A copy of this resignation was mailed to The agency is terminated and the office	discontinued on the 31st day a	ifter the date on which this state		
If signing on behalf of an entity:	Separative of Resigning Ages	nt CO	2(	
Cheyenne N	loseley	TAL	)22 00	7
Asst. Secretary	Typed or Printed Name for United States Corporation Capacity	Agents, Inc.	2022 OCT 24 MM11: 22	To the state of th
FIL \$ 85 \$ 25		olved/ voluntarily dissolved/ ==	22	

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