

L23000028219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

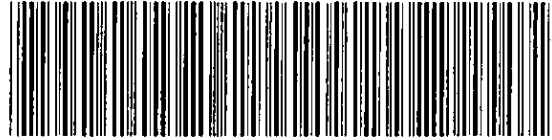
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/23--01022--023 **95.00

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2023 AUG -4 AM 8:33
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REGISTERED AGENT RESIGNATION

Name of Limited Liability Company

DOCUMENT NUMBER: L23000028219

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:

INNA KUKUEVA

Name of Person

SUPERIOR DESIGN PRODUCTS LLC

Name of Firm/Company

1341 PIERCE ST

Address

CLEARWATER, FL 33756

City/State and Zip Code

INNAILLION1@GMAIL.COM

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

For further information concerning this matter, please call:

INNA KUKUEVA

Name of Person

727 5549409

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

INNA KUKUEVA _____, hereby resigns as

Name of Registered Agent

Registered Agent for SUPERIOR DESIGN PRODUCTS LLC _____

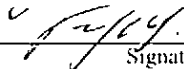
Name of Limited Liability Company

1.23000028219 _____

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:

Typed or Printed Name

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

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TALLAHASSEE, FLORIDA
DIVISION OF STATE