

L23000034610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

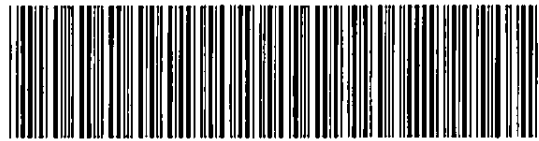
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500441219085

12/18/24--01022--029 **85.00

FILED
2024 DEC 18 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CANNABLISS BOUTIQUE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000034610

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:

NICHOLAS FBLR
Name of Person

CANNABLISS BOUTIQUE LLC
Name of Firm/Company

5765 SOUTH UNIVERSITY DR
Address

DAVER FLORIDA 33328
City/State and Zip Code

CANNABLISS BOUTIQUE LLC @ Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICHOLAS FBLR at (954) 773 4569
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2024 DEC 18 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FL
FBI

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BRANDON SUCHMAN , hereby resigns as
Name of Registered Agent

Registered Agent for CANNABLISS ROUTINE LLC
Name of Limited Liability Company

12300000 34610
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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BRANDON SUCHMAN, hereby resigns as
Name of Registered Agent

Registered Agent for CANNABLISS ROUTINE LLC
Name of Limited Liability Company

L2300000 34610
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

FILED
2024 DEC 18 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FL

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