

L23000386032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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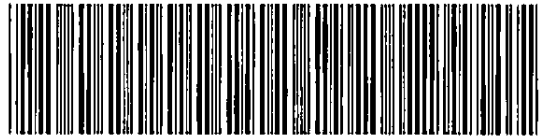
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RENEE Boutique LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000386032

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:

Sarah Balen  
Name of Person

REGISTERED AGENT SOLUTIONS, INC.  
Name of Firm/Company

2894 REMINGTON GREEN LN. STE. A  
Address

TALLAHASSEE, FL 32308  
City/State and Zip Code

filings@mycompanyworks.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Balen at ( 702 ) 362-2677  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0115, Florida Statutes, the undersigned.

Registered Agent Solutions, Inc. \_\_\_\_\_, hereby resigns as

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

Registered Agent for RENEE Boutique LLC

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

L23000386032

\_\_\_\_\_  
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.

/s/ Jennifer Peters

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Jennifer Peters

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

Authorized Representative of Registered Agent Solutions, Inc.

\_\_\_\_\_  
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

2024 NOV 22 4:00 PM  
FILED