

MIS 000000 2397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

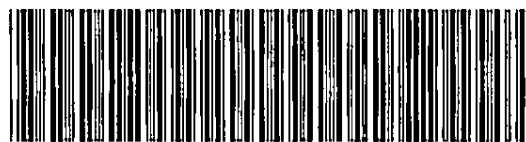
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/07/22--01021--010 **85.00

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2022 JUN - 7 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RICH INTERNATIONAL CREATIVE HAIRCARE LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: M15000002897

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:

VELJO KURIK

Name of Person

Name of Firm/Company

4781 N. CONGRESS AVE, # 269

Address

BOYNTON BEACH, FLORIDA, 33426

City/State and Zip Code

ERKKI@RICHHAIRCARE.COM

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

For further information concerning this matter, please call:

VELJO KURIK

Name of Person

at (305) 766-5068

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

VELJO KURIK

Name of Registered Agent

, hereby resigns as

Registered Agent for

RICH INTERNATIONAL CREATIVE HAIRCARE LLC

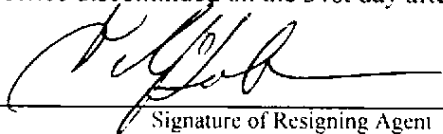
Name of Limited Liability Company

M15000002897

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

06/02/2022

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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUN - 7 PM 1:20

FILED

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