

M16000009082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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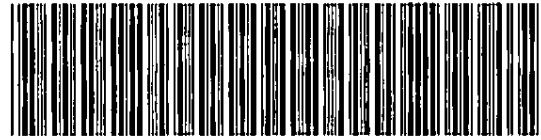
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABSOLUTE BRIGHTNESS NY LIMITED LIABILITY COMPANY

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

**DOCUMENT NUMBER:** M1600009082

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:

SCOTT J. SCHUSTER

\_\_\_\_\_  
Name of Person

CORPORATE SERVICE BUREAU INC.

\_\_\_\_\_  
Name of Firm/Company

283 WASHINGTON AVENUE

\_\_\_\_\_  
Address

ALBANY, NY 12206

\_\_\_\_\_  
City/State and Zip Code

ACCOUNTING@CORPORATEBUREAU.COM

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

For further information concerning this matter, please call:

ERIN LEWANDOWSKI

\_\_\_\_\_  
Name of Person

at ( 518 ) 463-4179 EXT. 1202

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

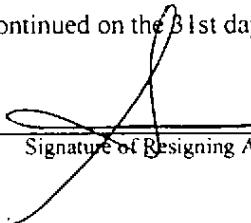
CORPORATE SERVICE BUREAU INC., hereby resigns as  
Name of Registered Agent

Registered Agent for ABSOLUTE BRIGHTNESS NY LIMITED LIABILITY COMPANY  
Name of Limited Liability Company

M16000009082  
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:

SCOTT J. SCHUSTER  
Typed or Printed Name

PRESIDENT  
Capacity

9999 11 11 2:25

**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