

M16000009082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

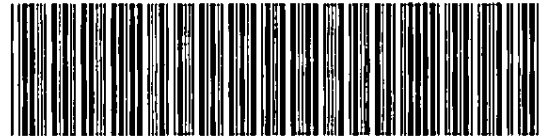
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400384496394

09-06-22-01116--005 **25.00

9999 1 1 1 2:25

JG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABSOLUTE BRIGHTNESS NY LIMITED LIABILITY COMPANY
Name of Limited Liability Company

DOCUMENT NUMBER: M16000009082

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)

Area Code

463-4179 EXT. 1202

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

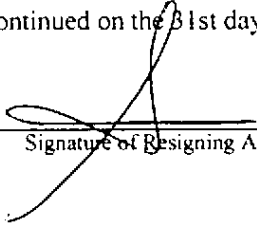
Name of Limited Liability Company

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

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

9999 11:25