

M 19000010519

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H220001421273ABCV

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
FLAWLESS HEALTH LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

2022 APR 25 AM 9: 34

2022 APR 25 AM 10: 17
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

APR 26 2022

Electronic Filing Menu

Corporate Filing Menu

H220001421273
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLAWLESS HEALTH LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M19000010519

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:

Westley Look
Name of Person

Incorporating Services, Ltd.
Name of Firm/Company

3500 S DuPont Highway
Address

Dover, DE 19901
City/State and Zip Code

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

For further information concerning this matter, please call:

Westley Look at (302) 531-0703
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

H220001421273

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, Incorporating Services, Ltd. _____, hereby resigns as

Name of Registered Agent

Registered Agent for FLAWLESS HEALTH LLC

Name of Limited Liability Company

M19000010519
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.

Amanda Archambault
Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault
Typed or Printed Name
Assistant Secretary
Capacity

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED
2022 APR 25 AM 10:17
SECRETARY OF STATE
TALLHASSEE, FLORIDA

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