

PI3 000032609

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FL

RA Resignation

APR 26 2021

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VISUAL BOUTIQUE INC

(Name of Corporation)

**DOCUMENT NUMBER:** P13000032609

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAZARO PORTOMENE

(Name of Person)

YITOS GROUP OF MIAMI, LLC

(Name of Firm/Company)

8500 SW 8 STREET SUITE 266

(Address)

MIAMI FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

LAZARO PORTOMENE

at (305) 262 7979

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, YITOS GROUP OF MIAMI, LLC / LAZARO PORTOMENE  
(Name of Registered Agent)

hereby resigns as Registered Agent for VISUAL BOUTIQUE INC  
(Name of Corporation)

P13000032609

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

If signing on behalf of an entity:

LAZARO PORTOMENE

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

(Signature of Resigning Agent)

SECRETARY OF STATE  
TALLAHASSEE, FL.

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### Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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