P13000086481

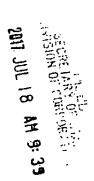
(Request	tor's Name)
(Address	5)
(Address	s)
(City/Stat	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



900301368749

07/18/17--01020--026 ++81.50



JUL 2 0 2017 C NICNAIR

COVER LETTER

	ent Section of Corporations
SUBJECT:	Lulemo I, Inc- (Name of Corporation)
DOCUMENT N	C-(1.1C21
The enclosed Res	signation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all	correspondence concerning this matter to the following:
Luis	(Name of Person)
	NC I. FIC. (Name of Firm/Company)
3800	Galt Ocean Dr. # 611
	(Address)
Fort Lo	City/State and Zip Code)
For further inform	nation concerning this matter, please call:
(1)	at (

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, The Helle Law Firm, P.A. (Name of Registered Agent)
hereby resigns as Registered Agent for Lulemo I, Inc. (Name of Corporation) P1300086481 (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. (Signature of Resigning Agent)
If signing on behalf of an entity:
April I. Halle (Typed or Printed Name) President
tresident

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)