P15000018870

(Ke	equestor's Name)	
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(Cil	ty/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
 		
	Office Use On	lv



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COVER LETTER

SUBJECT: EVELYN'S ESSENTIALS	(Name of Corpo	ration)
DOCUMENT NUMBER: P1500001	8870	
The enclosed Resignation of Registered	d Agent for a Corp	oration and fee are submitted for filing
Please return all correspondence conce	rning this matter to	o the following:
LOVETTE DOBSON		
(Name of Person)		
INCFILE.COM LLC		
(Name of Firm/Compa	uny)	
17350 STATE HWY 249 STE 220		
(Address)	······································	
HOUSTON, TX 77064		
(City/State and Zip Co	ode)	_
For further information concerning this	s matter, please cal	l:
LOVETTE DOBSON	855	829-9090
OVETTE DOBSON at (855 829-9090 (Area Code & Daytime Telephone Number)		

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

TO: Amendment Section

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. LE	GALINC CORPORATE SERVICES, INC.
Tiorida Statutes, the undersigned.	(Name of Registered Agent)
	_ EVELYN'S ESSENTIALS INC
hereby resigns as Registered Agent fo	(Name of Corporation)
P15000018870	·
(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 this statement is filed.	ce discontinued on the 31st day after the date on which
Patty Sc	Limenti Signature of Resigning Agent)
If signing on behalf of an entity:	Signature of Resigning Agent)
PATTY SCLIMEN	TI = ==================================
	TI (Typed or Printed Name)
DIRECTOR	
	(Capacity)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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