## L2200264990

(Requestor's Nam	e)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Basilloss Livily Halle)			
(Document Number)			
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TOPETARY OF STATE

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115. Florida Statutes,	the undersigned.
Rene Balzano		hereby resigns as
	Name of Registered Agent	Heros, rangin de
Registered Agent for Hi	gh-end Cuts Barbershop LLC	<del></del>
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L22000264990		
Document Nu	nber, if known	
A copy of this resignation	n 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  Signature of Resignin	day after the date on which this statement is filed.
If signing on behalf of a	entity:	
	Typed or Printed Name	
	Capacity	<b>2023</b> JU

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company