L20000080475

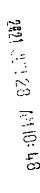
(Re	questor's Name)	-			
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



400368845304

06/28/21--01034--008 ******25.00



COVER LETTER

Division of Corporations	•
SUBJECT: Bespoke Botanicals LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000080475	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, FI	orida Statutes, the unders	igned,	
United States Corporation Agents, Inc.		nereby resigns as		
	Name of Registered Agent	· 	icredy resigns as	
Registered Agent for	Bespoke Botanicals LL	С		-
	Name of Limited I	iability Company		 .
L20000080475				
Document 2	lumber, it known			
A copy of this resignat	ion was mailed to the above	e listed limited liability co	mpany at its last known a	ddress.
The agency is terminat	ed and the office discontinu	led on the 31st day after to	he date on which this state	ement is filed.
		lature of Resigning Agent		
It`signing on behalf of	·			722
Cheyenne Moseley			i =	
	Typed c	or Printed Name		2
Asst. Secretary for United States Corporation Agents, In		ts, Inc.	© 00	
	Ca	pacity		1.5
				84 :01 t.1
	FILING FEE \$ 85.00 Ac \$ 25.00 Ad wi	S: tive limited liability comministratively dissolved/ thdrawn limited liability	pany voluntarily dissolved/ company	⊗ 7-

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