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SECHETARY OF STATE

2024 SEP 18 PM 19.

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Beyondscapes LLC					
Name of Lim	ited Liability	Company			
DOCUMENT NUMBER: L15000034315					
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted			
Please return all correspondence concerning this	matter to th	e following:			
Brenna Lutter					
Name of Person					
Business Filings Incorporated					
Name of Firm/Company					
525 Junction Rd Ste 5000					
Address					
Madison, WI 53717					
City/State and Zip Code					
E-mail address: (to be used for future annual report r	notification)				
For further information concerning this matter, p	olease call:				
Brenna Lutter	, 608	827-5300			
Name of Person	Area Code) Daytime Telephone Number			
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ely dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited			
MAILING ADDRESS:	STREE	T ADDRESS:			
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the under	rsigned.			
Business Filings Incorporated			, hereby resigns as			
Name of Registered Agent			Hereby resigns as			
Registered Agent for _	Beyondscapes LL(C				
	Name of Lin	nited Liability Company	,		<u> </u>	
L15000034315						
Document N	lumber, if known					
-	ed and the office disco	intinued on the 31st day after signature of Resigning Agent	•			
	Brenna Lutter			S 2	3	
		yped or Printed Name or Business Filings Inco Capacity	orporated	OZYSEP 18 PR	•	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liability	mpany d/ voluntarily di ty company	OF STATES SEE, FL issolved))	

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

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