LIS 000 137761

(Re	equestor's Name)	<u></u>
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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2021 JUN 18 AHII: 48 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
Division of Corporations
SUBJECT: LadyBull LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L15000137761
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provision	ns of section 605.011	5, Florida Statutes, the under	rsigned,		
United States Corporation Agents, Inc.		nc.	, hereby resigns as		
Name of Registered Agent					
Registered Agent for La	adyBull LLC	 		 	
	Name of Lim	nited Liability Company		··	
		mes and my company			
L15000137761					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its lass	t known address.	
The agency is terminated	d and the office disco	ontinued on the 31st day after	the date on which	n this statement is filed	
If signing on behalf of a	n entity:				
	Cheyenne Mose	eley		(0)	
	Т	yped or Printed Name		2021 FC	
	Asst. Secretary for U	Jnited States Corporation Ag	ents, Inc.	R C	
		Capacity	AHASSE	FILED 2021 JUN 18 AN III: SECRETARY OF ST	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability condition Administratively dissolve withdrawn limited liability	ed/ voluntarily dis	. ~	

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