L15000169867

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TO: Registration Section Division of Corporations	•
Blue Moon Birth, LLC	
	nine of Limited Liability Company
DOCUMENT NUMBER: L150001	69867
The enclosed Resignation of Registers for filing.	ed Agent for a Limited Liability Company and fee are submitted
Please return all correspondence conc	erning this matter to the following:
United States Corporation Agents	. Inc.
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Comp	any
101 North Brand Blvd. 11th Floor	
Address	1-4
Glendale, CA 91203	
City/State and Zip Co	ode
raresignations@legalzoom.com	
E-mail address: (to be used for future an	inual report notification)
For further information concerning thi	s matter, please call:
Janna Pantoja	at () 773-0888 x3950 Area Code Daytime Telephone Number
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\$85,00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115	, Florida Statutes, the under	signed.	
United States Corp	poration Agents, Ind	3 .	hereby resigns as	
Name of Registered Agent		ı	Hereby resigns as	
Registered Agent for $\frac{E}{E}$	Blue Moon Birth, LL	С		
	Name of Land	ted Liability Company		- ·
L15000169867				
Document N	amber, if known			
The agency is terminate	ed and the office discon		ompany at its last known address the date on which this stateme	
f signing on behalf of a	•			
	Cheyenne Mosel	<u> </u>	-,,-	
	•	ped or Printed Name nited States Corporation Age	nts. Inc.	
		Capacity		12.00
	FILANG 4 \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	l/ voluntarily dissolved/	

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