L1600032225

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	, DENNIS	
	AUG 1 1 2023	

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FORFORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BRISTOL FASHION MARIN	IE CANVAS, LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000032225	
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:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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 provisio	ns of section 605.011	5. Florida Statutes, the unders	igned.		
United States Corporation Agents, Inc.		hereby resigns as			
Name of Registered Agent					
Registered Agent for <u>B</u>	RISTOL FASHIO	N MARINE CANVAS, LL	.C		
	Name of Lin	tited Liability Company			<u> </u>
L16000032225					
Document No	ımber, if known				
_	d and the office disco	ntinued on the 31st day after the signature of Resigning Agent			
	Cheyenne Mose	ley			
		yped or Printed Name Inited States Corporation Ager Capacity	nts, Inc.	2023 JUN 23	AL JAnnah
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved, withdrawn limited liability	/ voluntarily dissolve	A T 09	RY OF STATE CORPOLATIONS

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