

L160000 136243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

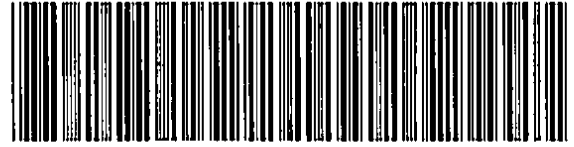
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300327836953

04/12/19--01014--020 **85.00

FILED

2019 APR 12 A 7:13

FILED

4/19/19 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Birth Chicks LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LI6000136243

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:

Lorie McCoy
Name of Person

Orchid Nest
Name of Firm/Company

21 NW 2 St.
Address

Delray Beach FL 33444
City/State and Zip Code

Hello @ orchidnest.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorie McCoy at (561) 865-5692
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2019 APR 12 A 7:13
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Lorie A. McCoy hereby resigns as
Name of Registered Agent

Registered Agent for Birth Chicks LLC

Name of Limited Liability Company

116000136243
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Lorie A. McCoy
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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