L16000176569

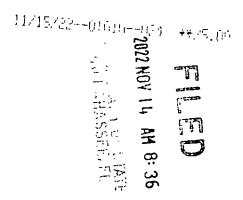
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	·· <u>·</u> ···

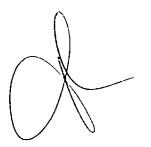
Office Use Only



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COVER LETTER

Division of Corporations SUBJECT: Bean Point Ventures, LLC Name of Limited Liability Company DOCUMENT NUMBER: L16000176569 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: Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	isions of section 605.0115, Florida Statutes, the under	signed.		
	orporation Agents, Inc			
	Name of Registered Agent	hereby resigns as		
Registered Agent for	Bean Point Ventures, LLC			
	Name of Limited Liability Company		,	
L16000176569				
Documen	t Number, if known			
	ation was mailed to the above listed limited liability of atted and the office discontinued on the 31st day after			filed.
	Signature of Resigning Agent		202 ຣັບ	
If signing on behalf of an entity:		ALL	2 NC	-
	Cheyenne Moseley	nts, Inc.	2022 NOV 1 4	معيوس! مدسمه آ
	Typed or Printed Name	> ;;		(35) (35)
	Asst. Secretary for United States Corporation Ager	nts, Inc.		
	Capacity		8: 36	

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