16000333547

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
		_
☐ PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Sanial lastrustians to I	Tilles Officer	
Special Instructions to f	-iling Onicer.	
	au AS	
Q.	SILAS	
Q. SILAS ي ي کان 2022		

Office Use Only



700387109207

\$5/16/22--\$1025--\$16 **25.00

SECRETARY OF STATE

TAN IN STANTAGE

COVER LETTER

SUBJECT:___ Name of Limited Liability Company DOCUMENT NUMBER: L16000233547 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: 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY IN THE SEAL

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provisi-	ons of section 605.0115, Florida Statutes, the unders	signed,
United States Corporation Agents, Inc.		_ , hereby resigns as
	Name of Registered Agent	110100y 1201g.10 to
Registered Agent for _	Bright Future Visual LLC	
	Name of Limited Liability Company	
L16000233547		
Document N	Jumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability or	ompany at its last known address.
The agency is terminat	ed and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	nts, Inc.
	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