L170000053078

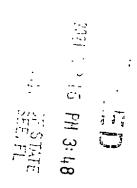
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Office Use Only



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MAY 25, 2021

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Larieblue, LLC Name of Limited Liability | Company |
| DOCUMENT NUMBER: L17000053078 | |
| 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 | |
| 101 North Brand Blvd. 11th Floor | |
| Address | |
| Glendale, CA 91203 | |
| 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 at (Area Code | 773-0888) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision | ons of section 605.01 | Florida Statutes, the unders | igned, | | |
|---------------------------------------|---------------------------------------|---|------------------------------|-------------|------------|
| United States Corporation Agents, Inc | | | hereby recions as | | |
| | Name of Registered Age | | therety resigns as | | |
| Registered Agent for L | arieblue, LLC | | | · | _ |
| | Name of Liv | nited Liability Company | | | |
| | rune or ran | mico Ciaomiy Company | | | |
| L17000053078 | | | | | |
| Document N | umber, if known | | | | |
| A copy of this resignati | on was mailed to the | above listed limited liability co | ompany at its last knov | wn address | i . |
| The agency is terminate | ed and the office disco | ontinued on the 31st day after t | he date on which this | statement i | is filed |
| If signing on behalf of a | in entity; | | | | |
| | Cheyenne Mose | eley | | | |
| | | Typed or Printed Name | | ; | |
| | Asst Secretary for the | United States Corporation Agen Capacity | its, Inc. | | |
| | <u>FILING</u> \$ 85.00 \$ 25.00 | FEES: Active limited liability com Administratively dissolved/ withdrawn limited liability | pany voluntarily disselve | ं FH 3: 4 | |

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