L18000043930

(Requestor's Name)		
(Address)		
,		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Emily Name)		
(Document Number)		
Certified Copies Certificates of Status		
[
Special Instructions to Filing Officer:		
L Mills		

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: LIVE BY DEBRA K. LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000043930	
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 th	e 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:	
at (773-0888
Name of Person Area Code	Daytime Telephone Number

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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 provi	sions of section 605.0115, Florida Statutes, the under	signed,	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent	Hereby resigns as	
Registered Agent for	LIVE BY DEBRA K. LLC		
	Name of Limited Liability Company	,	
L18000043930			
Document	Number, if known		
A copy of this resign	ation was mailed to the above listed limited liability o	ompany at its last known address.	
The agency is terminate	ated and the office discontinued on the 31st day after	the date on which this statement is filed.	
	Signature of Resigning Agent	2023 OCT SEC.	
If signing on behalf o	f an entity;	$\frac{\omega}{2}$	
	Cheyenne Moseley	ents, Inc.	
	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