L18000076676

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O SIMMONS

COVER LETTER

SUBJECT: Vida Siempre, LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L18000076676	
The enclosed Resignation of Registered Agent for a Limited for filing.	I 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	
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:	
800	773-0888
Name of Person at (Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	d, voluntarily dissolved or withdrawn limit

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provi-	sions of section 605.0115, Florida Statutes, the und	lersigned.			
United States Corporation Agents, Inc. , h		hereby resigns as	SE	2021 DEC 2	
			ALL	30	
Registered Agent for Vida Siempre, LLC	Vida Siempre, LLC		著	C 28	4 = 33
			SS		FI
_	Name of Limited Liability Company		3700 700		Q
L18000076676			-1 <u>-1</u> -2	7: 49	
Document	Number, if known				
	ation was mailed to the above listed limited liability ated and the office discontinued on the 31st day after				ìled.
	Signature of Resigning Agent				
If signing on behalf o	f an entity:				
	Cheyenne Moseley				
	Typed or Printed Name	·			
	Asst. Secretary for United States Corporation A	gents, Inc.			
	Capacity	<u>. </u>			

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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