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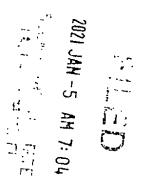
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O SIMMONS FEB 1 9 2021

COVER LETTER

TO: Registration Section Division of Corporations			
·			
SUBJECT: Banana Bean, LLC			
Name o	of Limited Liability Company		
DOCUMENT NUMBER: L180001300	00		
The enclosed Resignation of Registered A for filing.	gent for a Limited Liability Company and fee are submitted		
Please return all correspondence concerning	ng this matter to the following:		
United States Corporation Agents, Inc	Σ.		
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 ma	atter, please call:		
	800 773-0888		
Name of Person	at () Area Code Daytime Telephone Number		
Enclosed is a check made payable to the Fliability company or \$25.00 for an adminitiability company.	Torida Department of State for \$85.00 for an active limited stratively dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

20

			JAN I	***
Pursuant to the provis	ions of section 605.0115. Florida Statutes, the unders	igned.	是	,
United States Corporation Agents, Inc. Name of Registered Agent Registered Agent for Banana Bean, LLC		_ , hereby resigns as	, J	1 1 1 1 1 2 1 1 2 2 1
			AH Ti O	
			-71	
	Name of Limited Liability Company		 ,	
L18000130000				
Document	Number, if known			
	ation was mailed to the above listed limited liability ed			
The agency is termina	ated and the office discontinued on the 31st day after the signature of Resigning Agent	ne date on which t	nis statement is	пеа.
If signing on behalf o	f an entity:			
	Cheyenne Moseley			
	Typed or Printed Name			
	Asst. Secretary for United States Corporation Ager	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