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COVER LETTER

Registration Section Division of Corporations SUBJECT: Rosario DBeaudoin LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000131508 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5. Florida Statutes, the under	rsigned,		
United States Corporation Agents, Inc. hereby in			, hereby resigns as		
Name of Registered Agent					
Registered Agent for R	osarioDBeaudoin	LLC			
_				,	
	Name of Lim	ited Liability Company			
L18000131508					
Document Nu	umber, if known				
A copy of this resignation	on was mailed to the t	above listed limited liability	company at its last known add	ress.	
The agency is terminate	d and the office disco	ntinued on the 31st day after	r the date on which this statem	ent is f	iled.
		Signature of Resigning Agent			
If signing on behalf of a	n entity:				
	Cheyenne Mose		202		
	T		2023 AUG - 1	۾ <u>-</u> ڪ غير	
	Asst. Secretary for United States Corporation Agents, Inc.			٥	
	Capacity				ीर्न्स् संस्कृत
				AM 11: 27	- (-)
	FILING \$ 85.00 \$ 25.00	Active limited liability co	ed/ voluntarily dissolved/	27	

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