L18000 152574

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(Rec	questor's Name)	
(Ada	dress)	
(//u/	11633)	
(Add	iress)	
(City	//State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations	
Brite Side Business Solutions LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000182574	
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
Name of reison Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

		2521 Julia -
Pursuant to the provisions of section 605.0115, Florida Statutes, the t	undersigned.	 ا تت-
United States Corporation Agents, Inc.	, hereby resigns as	· 3
Name of Registered Agent	Thereby resigns as	
Registered Agent for Brite Side Business Solutions LLC		. ប្រ បា
Name of Limited Liability Company L18000182574		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liab	ility company at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day	after the date on which this	statement is filed.
Signature of Resigning Ag	ent	

If signing on behalf of an entity:

Cheyenne Moseley

Typed or Printed Name

Asst. Secretary for United States Corporation Agents, Inc.

Capacity

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company 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withdrawn limited liability company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