L18000220407

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

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Bling Beauty Bar LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L18000220407	
The enclosed Resignation of Registered Agent for a Limited Liability Confiling.	Company and fee are submitted
Please return all correspondence concerning this matter to the following	g:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	20
Austin, TX 78717	2023 OCT 30
City/State and Zip Code	35
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	= = = = = = = = = = = = = = = = = = = =
For further information concerning this matter, please call:	7110: n5
at (800) 773-0888	3
	elephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provide	sions of section 605.0115, Florida Statutes, the under	signed.
Name of Registered Agent		hereby resigns as
		, Nevel y resigns do
Registered Agent for	Bling Beauty Bar LLC	
	Name of Limited Liability Company	·
L18000220407		
Document	Number, if known	
	ation was mailed to the above listed limited liability of the and the office discontinued on the 31st day after	
	Signature of Resigning Agent	
If signing on behalf o	f an entity:	202 3 001 3n
	Cheyenne Moseley	 ట
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	ents, Inc.
	Assi. Secretary for Officed States Corporation Age	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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