## L18000 238554

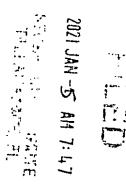
(Re	questor's Name)			
(Add	dress)			
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(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	Just Bianca LLC	
	Name of Limited Liability Company	
DOC	CUMENT NUMBER: L18000238554	· · · · · · · · · · · · · · · · · ·
	enclosed Resignation of Registered Agent for a Limited Liability filing.	Company and fee are submitted
Pleas	ase return all correspondence concerning this matter to the following	ng:
Unite	ited States Corporation Agents, Inc.	
	Name of Person	
Lega	galzoom.com, Inc.	
	Name of Firm/Company	
101	1 North Brand Blvd. 11th Floor	
	Address	
Glen	endale, CA 91203	
	City/State and Zip Code	
rares	esignations@legalzoom.com	
	E-mail address: (to be used for future annual report notification)	
For fi	further information concerning this matter, please call:	
	Name of Person at (800 )773-086  Area Code Daytime	38
	Name of Person Area Code Daytime	Telephone Number
liabil	closed is a check made payable to the Florida Department of State oility company or \$25.00 for an administratively dissolved, voluntability company.	for \$85.00 for an active limited trily dissolved or withdrawn limite

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 provisio	ns of section 605.0115. Florida Statutes, the under	signed,	2021
United States Corp	oration Agents, Inc.	humaha majana na	2021 JAN
Name of Registered Agent		_ , hereby resigns as	
Registered Agent for	ust Bianca LLC		· · · · · · · · · · · · · · · · · · ·
	Name of Limited Liability Company		四州
L18000238554			
Document Nu	imber, if known		
A copy of this resignation	on was mailed to the above listed limited liability of	company at its last k	nown address.
The agency is terminate	d and the office discontinued on the 31st day after  Signature of Resigning Agent	the date on which th	nis statement is filed.
If signing on behalf of a	n entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	ents, 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