L19000017877

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

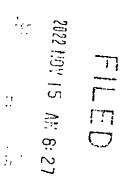
Office Use Only

A. RIVERS FEB 1 6 2023



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COVER LETTER

LET'S BE BIRDS LLC SUBJECT:_ Name of Limited Liability Company DOCUMENT NUMBER: L19000017877 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: Chelsea Chapman Name of Person Legaline Corporate Services, INC. Name of Firm/Company 10601 Clarence Dr Ste 250 Address Frisco, TX 75033-3867 City/State and Zip Code ra@legaline.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Chapman 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Legaline Corporate Services, INC.	. he	ereby resigns as	
Name of Registered Ag			
Registered Agent for LET'S BE BIRDS LLC			
Name of Li	nited Liability Company		,
L19000017877			
Document Number, if known	. 		
A copy of this resignation was mailed to the	above listed limited liability com	npany at its last known address.	
If signing on behalf of an entity:	Signature of Resigning Agent		
Chelsea Chapman			
<u></u> _	Typed or Printed Name	_ 	
	ne Corporate Services, INC.		
	Capacity		
© \$ 85.00 © \$ 25.00	FEES: Active limited liability comp Administratively dissolved/v withdrawn limited liability c	ofuntarily dissolved/	2022 NOV 15
Make checks paya	ble to Florida Department of Stat	e and mail to:	P.A.

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314