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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bonnie L. Sciarretto, PLLC Name of Limited Liability	Company
DOCUMENT NUMBER: L19000095391	Company
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	e 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:	
at (773-0888
Name of Person Area Code)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115. Florida Statutes, th	e undersioned	2021 JAN -5
	rporation Agents, Inc.	-	
	Name of Registered Agent	, hereby resigns as	, v
Registered Agent for	Bonnie L. Sciarretto, PLLC		呈
			11.7 0
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	171
L19000095391			
Document i	Number, if known		
	tion was mailed to the above listed limited lic		
The agency is termina	ted and the office discontinued on the 31st do		nis statement is filed.
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporat	ion Agents, Inc.	
	Capacity		

FILING FEES: \$ 85.00

\$ 25.00

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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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