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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Decument Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

SUBJECT: BARBARA MARCKS LLC Name of Limited Liability Company DOCUMENT NUMBER: L19000113151 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: 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: Kasandra Lund Enclosed is a cheek 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

TO: Registration Section

Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.01	15. Florida Statutes, the undersigned	d .		
United States Corporation Agents, Inc.			. hereby resigns as		
	Name of Registered Ag	ent			
Registered Agent for_	BARBARA MARCI	KST.L.C			
	Name of Lin	nited Liability Company		·	
<u>L1900</u> 0113151					
Document N	lumber, if known				
A copy of this resignat	ion was mailed to the	above listed limited liability compa	ny at its last known	address	١.
The agency is terminate	ed and the office discor	ntinued on the 31st day after the date of	on which this stateme	nt is file	d.
		Signature of Resigning Agent	_		
If signing on behalf of	an entity:				
	Cheyenne Mose	eley			
	1	yped or Printed Name			
	Asst. Secretary for U	United States Corporation Agents, Inc			
		Capacity	_	19 	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volur withdrawn limited liability com		н <i>(</i> 13 6: 0.	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314