## L19000150384

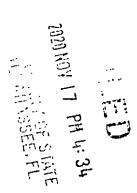
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:Beast City Fitness LLC				
	nited Liability	Company		
DOCUMENT NUMBER: L19000150384				
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted		
Please return all correspondence concerning th	is matter to th	ne following:		
United States Corporation Agents, Inc.				
Name of Person				
Legalzoom.com, Inc.				
Name of Firm/Company				
101 North Brand Blvd. 11th Floor				
Address	<del> </del>			
Glendale, CA 91203				
City/State and Zip Code	<del></del>			
raresignations@legalzoom.com				
E-mail address: (to be used for future annual report	t notification)			
For further information concerning this matter,	please call:			
Jazmine Johnson	800	773-0888		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrationability company.	a Department vely dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREE	T ADDRESS:		
Registration Section	_	Registration Section		
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes	the undersigned,				
United States Corporation Agents, Inc.  Name of Registered Agent		. hereby resigns	hereby resigns as			
Registered Agent for	Beast City Fitness LLC		<del>_</del>			
	Name of Limited Liability Compa	ny				
L19000150384						
Document	Number, if known					
A copy of this resigna	tion was mailed to the above listed limite	d liability company at its l	ast known ac	idress.		
The agency is termina	ted and the office discontinued on the 31s	st day after the date on wh	ich this state	ment is	s filed.	
	Signature of Resign	ling Agent				
If signing on behalf o	an entity:			202		
	Cheyenne Moseley		÷	<b>Z</b>	· •	
	Typed or Printed Name	<del></del>	· ·	~	• •	
	Asst. Secretary for United States Corp	oration Agents, Inc.	32	<b>~</b>	1 6 8	
	Capacity		ASSEE, F	2020 NOV 17 PM 4: 34		
	\$ 25.00 Administrative	liability company ly dissolved/ voluntarily d ited liability company	lissolved/	34		

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