# L19000 251781

(Requestor's Name)
(Address)
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, ,
(Cit. (Chana (7) - (Chana 4)
(City/State/Zip/Phone #)
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(Business Entity Name)
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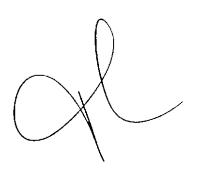
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## **COVER LETTER**

TO: Registration Section Division of Corporations

<sub>SUBJECT:</sub> BeU in Style LLC		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L19000251781		
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are subn	nitted
Please return all correspondence concerning this matter to the	ne following:	
United States Corporation Agents, Inc.	·	
Name of Person		
Legalzoom.com, Inc.	<b>-</b>	<u>ა</u>
Name of Firm/Company		ر 1
9900 Spectrum Dr.		ener of the
Address		
Austin, TX 78717		141 jn: 05
City/State and Zip Code		::   0.5
raresignations@legalzoom.com		0.
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	Daytime Telephone Number	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the undersi	gned.
United States Corporation Agents, Inc hereby r		nereby resigns as
		refer years as
Registered Agent for	BeU in Style LLC	
	Name of Limited Liability Company	,
L19000251781		
Document	Number, if known	
	ation was mailed to the above listed limited liability co ated and the office discontinued on the 31st day after the	
	Signature of Resigning Agent	
It signing on behalf o	f an entity:	75
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	its, 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