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(Re	questor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	}
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2021 DEC -6 AM 8: 06 SECRETARY OF STATE

DEC 2.2 2021

COVER LETTER

Romo Croation and Crafta LLC	
SUBJECT: Borne Creation and Crafts LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000114829	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	-
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
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:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 unders	igned,	_
United States Co	orporation Agents, Inc.	hereby resigns as	2021 DEC -F
	Name of Registered Agent	icieny testans as	图 显
Registered Agent for	Borne Creation and Crafts LLC		
		<u> </u>	300 F
	Name of Limited Liability Company		8: 06
L20000114829			图 8
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability co	ompany at its last k	nown address.
The agency is termina	ated and the office discontinued on the 31st day after t	he date on which th	his statement is filed.
	Signature of Resigning Agent	 -	
If signing on behalf o	Tan entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ager	nts. 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