LZ0000249020

(Requestor's Name)				
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	Status		
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SECRETARY OF STATE

O SHVINIONS

COVER LETTER

Division of Corporations	* *
SUBJECT: BEach HAPPY Art LLC	
Name of Limited Li	ability Company
DOCUMENT NUMBER: L20000249020	
The enclosed Resignation of Registered Agent for a Lifer filing.	imited Liability Company and fee are submitted
Please return all correspondence concerning this matte	r to the 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 notifica	tion)
For further information concerning this matter, please	call:
at (773-0888 Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115	Florida Statutes, the und	lersigned.	
United States Cor	poration Agents, Inc	C.	_ , hereby resigns as	
Name of Registered Agent		Hereoy resigns as	2021 SE	
Registered Agent for BEach HAPPY Art LLC		LLC		2021 HOV SECRE
				2 2
	Name of Limi	ted Liability Company		Social Fig.
L20000249020				MH IO: 38
Document Number, if known				F (1)
A copy of this resignat	ion was mailed to the al	bove listed limited liability	v company at its last kr	10wn address.
The agency is terminat	ed and the office discor	ntinued on the 31st day aft	er the date on which th	nis statement is filed.
		Signature of Resigning Agent		
If signing on behalf of	an entity:			
	Cheyenne Mosel	еу		
	Ty	ped or Printed Name		
	Asst. Secretary for Ur	nited States Corporation A	gents, Inc.	
		Capacity		

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company