L20000310485

(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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Office Use Only



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COVER LETTER

SUBJECT: Bi7lif L.L.C. Name of Limited Liability	Company
DOCUMENT NUMBER: L20000310485	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	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:	
Name of Person at (Area Code	773-0888)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO: Registration Section

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 provision	ons of section 605.0115. Florida Statutes, the un	ndersigned.	
United States Corporation Agents, Inc. Name of Registered Agent		hereby reciune ac	
		Hereby resigns as	
Registered Agent for	Bi7lif L.L.C.		
		-	
	Name of Limited Liability Company		
L20000310485			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liabil	ity company at its last know	n address.
	ed and the office discontinued on the 31st day a		
	Signature of Resigning Age		
If signing on behalf of a	in entity:	: !	202
Cheyenne Moseley			j ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	Typed or Printed Name		\sim
	Asst. Secretary for United States Corporation	Agents, Inc	
	Capacity		=======================================
		 (***) Pii 1 ₆ : 00
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited lial	/ company olved/ voluntarily dissolved/ bility company	

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