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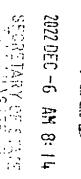
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RA Resignation

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Brittany Alyssa Consulting	LLC	_	
Name of Limited Liability	Company	_	
DOCUMENT NUMBER: L20000345571		_	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee a	ire submitt	ted
Please return all correspondence concerning this matter to the	ie 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	•	20 S5	
raresignations@legalzoom.com		2022 DEC Secrety	er njenj
E-mail address: (to be used for future annual report notification)		EC -	1 T T T T T T T T T T T T T T T T T T T
For further information concerning this matter, please call:		-6 -6 -	1
800 at (773-0888		
Name of Person Area Code	Daytime Telephone Number	8: 14 8: 14	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115	5, Florida Statutes, the und	ersigned.			
United States Corpo	oration Agents, In-	c.	, hereby resigns as			
	Name of Registered Agen					
Registered Agent for Br	rittany Alyssa Con	sulting LLC				
	Name of Limi	ited Liability Company				•
L20000345571						
Document Nu	imber, if known	·				
A copy of this resignation	on was mailed to the a	bove listed limited liability	y company at its last	known ad	ldress.	
The agency is terminated	d and the office disco	ntinued on the 31st day aft	er the date on which	this state	ment is	filed.
		Signature of Resigning Agent				
If signing on behalf of a	n entity:			S (2)	2022 DEC	
	Cheyenne Mose	eley			93	
		yped or Printed Name United States Corporation A	anents Inc		9-5	The Date
	Asst. Secretary for C	Capacity	——————————————————————————————————————		IK.	171
					8: 14	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	ved/voluntarily diss	solved/		

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