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(Ře	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Beyond the ABC'S LLC Name of Limited Liability	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000370970	
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	e 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 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited

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

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the undersi	gnea,
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as
		Tiereby resigns as
Registered Agent for	Beyond the ABC'S LLC	
	Name of Limited Liability Company	,
L20000370970		
Document	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability co	empany at its last known address.
The agency is termina	ted and the office discontinued on the 31st day after the	he date on which this statement is filed.
	Signalure of Resigning Agent	
If signing on behalf of	fan entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	its, Inc.
	Capacity	

FILING FEES:

\$ 85.00 \$ 25.00 Active limited liability company
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