## 121000029995

(Re	questor's Name)	
(Ad	dress)	<del></del>
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(0∞	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	·······································
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04/13/22--01012--016 \*\*25.00



4 5/A/2022

## COVER LETTER

TO:	Registration Section Division of Corporations
SUB.	The Bar by Jill LLC  Name of Limited Liability Company
	, and or an analysis of party
DOC	UMENT NUMBER: L21000029995
The e	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Pleas	e return all correspondence concerning this matter to the following:
Unite	ed States Corporation Agents, Inc.
	Name of Person
Lega	Izoom.com, Inc.
-	Name of Firm/Company
9900	Spectrum Dr.
	Address
Aust	in, TX 78717
	City/State and Zip Code
rares	signations@legalzoom.com
E	-mail address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
	Name of Person at (800 ) 773-0888  Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclo liabili liabili	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited ty company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited ty company.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	ons of section 605.011	5. Florida Statutes, the unde	rsigned.			
United States Corporation Agents, Inc here			, hereby resigns as			
			, marady redigina	ree, reeigno de		
Registered Agent for $\frac{T}{T}$	he Bar by Jill LLC	· · · · · · · · · · · · · · · · · · ·				_
<del></del>	Name of Lin	nited Liability Company		<del></del>		<u>_</u> ·
L21000029995						
Document N	umber, if known	<del></del>				
A copy of this resignati	on was mailed to the	above listed limited liability	company at its la	st known	addres	3\$.
The agency is terminate	ed and the office disco	ontinued on the 31st day afte	r the date on whi	ch this sta	itemen	t is filed
		Signature of Resigning Agent				
If signing on behalf of an entity:				<u> </u>	2022 APR	
Cheyenne Moseley		eley		<u>;                                    </u>	ÀPF	e organi U
	- I	Typed or Printed Name		-	$\frac{2}{3}$	
Asst. Secretary for United States Corporation Ag		ents, Inc.	•		,	
		Capacity	<del></del>	· 1	PM 2:	g
				1.1.F	2: 25	<b>0-14</b>
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability ed Administratively dissolve withdrawn limited liabili	ed/ voluntarily di	ssolved/		

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