L21000170345

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
·		
(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JUST BECAUSE APPAREL AND MOR		
		nited Liability	/ Company
DOCU	JMENT NUMBER: L21000170345		
The er for fili		for a Limited	d Liability Company and fee are submitted
Please	return all correspondence concerning this	is matter to t	he following:
Chelsea	a Chapman		
	Name of Person		-
Legalin	ne Corporate Services, INC.		
	Name of Firm/Company		-
10601	Clarence Dr Ste 250		
	Address		-
Frisco.	TX 75033-3867		
-	City/State and Zip Code		-
ra@leg	aline.com	[
E-	mail address: (to be used for future annual report	notification)	-
For fu	rther information concerning this matter,	please call:	
Chelsea	a Chapman	844	386-0178
	Name of Person	Area Code	Daytime Telephone Number
Enclos liabilit limited	sed is a check made payable to the Florid y company or \$25.00 for an administration I liability company.	a Departmen vely dissolve	at of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn
	Mailing Address:		Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	15, Florida Statutes, the und	ersigned,	
Legalinc Corporate Services, INC.		_ , hereby resigns as	
Name of Registered Age		_ , , , , , , , , , , , , , , , , , , ,	
Registered Agent for JUST BECAUSE APPA	REL AND MORE LLC		
Name of Lir	nited Liability Company	,	
L21000170345			
Document Number, if known			
A copy of this resignation was mailed to the agency is terminated and the office disco		er the date on which this statement is	
If signing on behalf of an entity:			
Chelsea Chapman			- مدور مــ ^ ـ ـ
	Typed or Printed Name		; ;
	Capacity	AM II: 09	
FILING ○ \$ 85.00 ○ \$ 25.00	Active limited liability c Administratively dissolv withdrawn limited liabil	company red/ voluntarily dissolved/ lity company	
Make checks payal	ble to Florida Department of Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	State and mail to:	

INHS17 (2/14)