L21000230586

Ċ.		
(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:		

Office Use Only



000412404900

07/18/23--01007--004 **25.00

1023 JUL 18 AM 10: 38

133 13 2023

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SimpleB LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000230586			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.			
Please return all correspondence concerning this matter to the 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 Area Code Daytime Telephone Number			
Name of Person Area Code Daytime Telephone Number			
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 COMPRANY 18 AM 10: 38

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the un	idersigned,
United States Corporation Agents, Inc.		_ , hereby resigns as
	Name of Registered Agent	
Registered Agent for	SimpleB LLC	
	Name of Limited Liability Company	,
L21000230586		
Document	Number, if known	
	tion was mailed to the above listed limited liabil	
The agency is termina	ited and the office discontinued on the 31st day a	fter the date on which this statement is filed.
	Signature of Resigning Age	nt
If signing on behalf of	f an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation	Agents, Inc.
	Capacity	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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