L21000264200

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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CF 2/13/2023

COVER LETTER

Division of Corporations	
SUBJECT: FREEDOM BEATS LLC Name of Limited Liability	v Company
DOCUMENT NUMBER: L21000264200	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Chelsea Chapman	
Name of Person	-
Legaline Corporate Services, INC.	
Name of Firm/Company	-
10601 Clarence Dr Ste 250	
Address	-
Frisco, TX 75033-3867	
City/State and Zip Code	-
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Chelsea Chapman 844 at (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115	. Florida Statutes, the unc	dersigned,			
Legaline Corporate Se	rvices, INC.		_ , hereby resigns as	S		
-	Name of Registered Agent					
Registered Agent for	FREEDOM BEATS LLC					
	Name of Limit	ted Liability Company	<u> </u>		·	
L21000264200						
Documen	Number, if known					
A copy of this resign	ation was mailed to the ab	oove listed limited liabilit	ty company at its last	known add	iress.	
If signing on behalf o	of an entity:	Signature of Resigning Agen	t	SEC!	2022 NOV 15	
	Chelsea Chapman			Ęŕ	VON	-91
	•	ped or Printed Name			<u></u>	esc. Prop. That is H
	On Behalf of Legaline	Corporate Services, INC.		bo™ Gag		1=7=1
	FILING F O \$ 85.00 O \$ 25.00	Capacity FEES: Active limited liability Administratively dissol withdrawn limited liab	company lved/voluntarily diss	EE, FL	PH 5: 52	J

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