L71000273554

(Requestor's Name)		
(Address)		
(Address)		
(123,022)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





600417786426

10/30/23--01006--017 *+25.00

2023 GCT 30 KH ID: N5

COVER LETTER

TO: Registration Section Division of Corporations

_{subject:} Beyond The Roam LLC		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L21000273554		
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are	e submitted
Please return all correspondence concerning this matter to the	ne following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company	,	202
9900 Spectrum Dr.	•	2023 CCT 30
Address	,	30
Austin, TX 78717		
City/State and Zip Code		1.11n: n5
raresignations@legalzoom.com		75
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
at (800	773-0888	
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the unders	igned,
Name of Registered Agent		hereby resigns as
		naraay raasgaa m
Registered Agent for B	eyond The Roam LLC	
	Name of Limited Liability Company	,
L21000273554		
Document Ni	imber, if known	
A copy of this resignation	on was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	2023 (1677-319
If signing on behalf of a	n entity:	3 3
	Cheyenne Moseley	<u>-</u>
	Typed or Printed Name	nts, Inc.
	Asst. Secretary for United States Corporation Age	nts, 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