L21000276118

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies Certificates of Status		s of Status
Special Instructions to Filing Officer:		

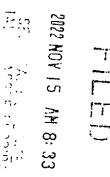
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A. RIVERS FEB 1 7 2023



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COVER LETTER

BRAVO DESIGN DEN LLC	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L21000276118	· · ·
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

Registration Section Division of Corporations

TO:

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 provisions of section 605.011.	5, Florida Statutes, the undersigned.
Legaline Corporate Services, INC.	, hereby resigns as
Name of Registered Age	ent
Registered Agent for BRAVO DESIGN DEN	LLC
Name of Lim	nited Liability Company
L21000276118	
Document Number, if known	
A copy of this resignation was mailed to the a	above listed limited liability company at its last known address.
If signing on behalf of an entity:	Signature of Resigning Agent
Chelsea Chapman	
T	yped or Printed Name
On Behalf of Legaline	c Corporate Services, INC.
	Capacity
FILING • \$ 85.00 • \$ 25.00	FEES: Active limited liability company 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