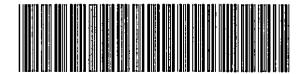
## L21000300423

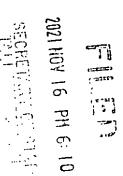
	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-U	P WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
Q. SILAS			
BEC -7 2021			
_			

Office Use Only



200376566992

11/15/21--01009--024 \*+25.00



## COVER LETTER

SUBJECT: vibezzz L.L.C. Name of Limited Liability Company DOCUMENT NUMBER: L21000300423 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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, Ft. 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY<sup>6</sup> PH 6: 10

Pursuant to the provisions of section	n 605.0115, Florida Statutes, th	e undersigned.
United States Corporation Ag	gents, Inc.	, hereby resigns as
Name of Reg	tistered Agent	, nercoy resigns as
Registered Agent for vibezzz L.L	C.	
	lame of Limited Liability Company	
L21000300423		
Document Number, if know	11	
		ability company at its last known address.  ay after the date on which this statement is filed.
	Shandure of Resigning	Agent
If signing on behalf of an entity:		
Cheyenr	ne Moseley	
	Typed or Printed Name	
Asst. Secr	etary for United States Corporat	ion 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