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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Chariet lestretions to Filips Officer		
Special Instructions to Filing Officer:		
Q. SILAS		
FEB 28 2022		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Braz Cleaners LLC Name of Limited Liability C	Company
DOCUMENT NUMBER: L21000360933	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 COMPANY

			7-10
Pursuant to the provision	ons of section 605.0115, Florida Statutes, the undersi	gned.	3 22
United States Corporation Agents, Inc. , hereb Name of Registered Agent Registered Agent for Braz Cleaners LLC		_ , hereby resigns as	<u> </u>
		<u></u>	<u>ب</u> ن:
	Name of Limited Liability Company		,
L21000360933			
Document N	umber, if known		
A copy of this resignati	ion was mailed to the above listed limited liability co	ompany at its last known	address.
The agency is terminate	ed and the office discontinued on the 31st day after t	he date on which this sta	atement is filed.
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ager	nts, Inc.	
	Capacity		

FILING FEES:

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withdrawn limited liability company \$ 85.00 \$ 25.00

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