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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Beauty Biz Consulting LLO	C
Name of Limited Liability	
DOCUMENT NUMBER: L21000412634	
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:
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:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

·	ions of section 605.0115. Florida Statutes, the under	isigned.		
United States Corporation Agents, Inc.		, hereby resigns as		7023
	Name of Registered Agent	, -		7023 OCT
Registered Agent for Beauty Biz Consulting LLC				=======================================
			<i>.</i>	
	Name of Limited Liability Company		٠	一宝 口
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Document	Number, if known			
A copy of this resigna	tion was mailed to the above listed limited liability	company at its last kr	nown addres	S.
The agency is termina	ted and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which th	iis statement	is filed.
If signing on behalf of	an entity:			
	Cheyenne Moseley			
	Typed or Printed Name			
	Asst. Secretary for United States Corporation Ag	ents, Inc.		
	Capacity			
	FILING FEES:			

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

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withdrawn limited liability company