K21000483981

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(Address)
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A. RIVERS MAR 2 - 2023

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: La Bare Waxing Studio LL	.C
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000483981	
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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provision	ons of section 605.01	15. Florida Statutes, t	he undersigned,				
United States Corp	oration Agents, I	nc.	, hereby resigns	: 90			
	Name of Registered Age	ent	, nereby resigns	. 43			
Registered Agent for _	a Bare Waxing S	tudio LLC	·			_	
	Nama of Lie	mited Liability Company				,	
	Name of the	anted classiffy Company					
L21000483981							
Document N	umber, if known						
A copy of this resignati	on was mailed to the	above listed limited I	iability company at its I	ast known a	ıddres	s.	
The agency is terminate	ed and the office disco	ontinued on the 31st o	day after the date on wh	ich this stat	ement	is file	d.
		Signature of Resigning	! Agent				
If signing on behalf of a	in entity:						
	Cheyenne Mose	eley					
		Typed or Printed Name		ī	100	20	
	Asst. Secretary for	United States Corpora	ation Agents, Inc.	-	. C	22 D	
	-	Capacity		بر ت ع		2022 DEC	: 1
				(3)	NETARY	$\frac{1}{3}$	
	FILING \$ 85.00 \$ 25.00	Active limited lial Administratively	bility company dissolved/ voluntarily d d liability company		Y OF STATE	AM 11: 27	

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