# 422000064916

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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#### **COVER LETTER**

BELLISH LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000064916	
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:
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 undersigne	ed.			
Legaline Corporate Services, INC. , hereby resigns as						
Registered Agent for BELLI	SH LLC	<u></u>				
		ited Liability Company		,		
		,				
L22000064916						
Document Number	, if known					
A copy of this resignation w	as mailed to the a	bove listed limited liability comp	any at its last known add	ress.		
The agency is terminated and	d the office disco	ntinued on the 31st day after the o	date on which this stateme	ent is fil	led.	
(	Chulse	er Mouphio	Ϋ́.			
	_	Signature of Resigning Agent	<b>-,-</b>	$\mathcal{H}_{\mathcal{L}}$	2022	
If signing on behalf of an en	tity:			-	<b>27</b>	
Chelsea Chapman			5	SEP 15		
Typed or Printed Name		-	; <del>-</del> -	S		
On	Behalf of Legaline	Corporate Services, INC.		· <del></del>	P	,
		Capacity		ΣΒ΄ ΣΒ΄	PH 4:	
				<u> </u>	: 39	
	FILING © \$ 85.00 O \$ 25.00	FEES: Active limited liability compar Administratively dissolved/ vo withdrawn limited liability com	ny oluntarily dissolved/ mpany			

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