# 122000154958

(Requ	estor's Name)			
(Address)				
(Addre	ess)	· • • • • • • • • • • • • • • • • • • •		
(City/S	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

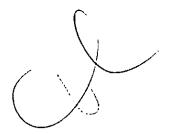
Office Use Only



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### COVER LETTER

Planead Parenty Parity 11.0			
SUBJECT: Blessed Beauty Boutique LLC			
Name of Limited Liability Company	_		
DOCUMENT NUMBER: L22000154958			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee for filing.	are st	ıbmitte	d
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.		2(	
Address		)22 I	, -121
Austin, TX 78717		2022 AUG -	, 122 , 123 , 128 , 128
City/State and Zip Code	•		- म्ब
raresignations@legalzoom.com		MH 8:31	
E-mail address: (to be used for future annual report notification)	· ·	ယ	
For further information concerning this matter, please call:			
800 773-0888			
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

INHS17 (2/14)

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	isions of section 605.0115. Florida Statutes, the unders	igned.
United States Corporation Agents, Inc.		
		hereby resigns as
Registered Agent for	Blessed Beauty Boutique LLC	
	Name of Limited Liability Company	<u> </u>
L22000154958		
Documen	t Number, if known	
A copy of this resign The agency is termin	ation was mailed to the above listed limited liability co ated and the office discontinued on the 31st day after the	ompany at its last known address.
	Signature of Resigning Agent	
lf signing on behalf o	of an entity:	AH 8: 3
	Cheyenne Moseley	F. 3
	Typed or Printed Name	<del></del>
	Asst. Secretary for United States Corporation Agen	ts, Inc.
	Capacity	<del></del>

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

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