L22000179018

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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Certified Copies Certificates of Status	(Business Entity Name)
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Special Instructions to Filing Officer:	Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BlueBird Capital Investme	ents LLC	
Name of Limited Liability	Company	
DOCUMENT NUMBER: L22000179018		
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are	submitted
Please return all correspondence concerning this matter to the	ne following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company	•	
9900 Spectrum Dr.		203
Address	•	2023 CST
Austin, TX 78717		CT 30
City/State and Zip Code	•	
raresignations@legalzoom.com		() (): n7
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	poration Agents, Inc.	hereby resigns as
	Name of Registered Agent	
Registered Agent for	BlueBird Capital Investments LLC	
	Name of Limited Liability Company	·
L22000179018		
Document h	Sumber, if known	
	ion was mailed to the above listed limited liability co	
	Signature of Resigning Agent	
if signing on behalf of		2023 (
if signing on behalf of		2023 C) F C
if signing on behalf of	an entity:	2023 C 07 3 0
if signing on behalf of	an entity: Cheyenne Moseley	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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