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### COVER LETTER

Registration Section Division of Corporations Barb-A-Ran LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000125447 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. 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. 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

Area Code Daytime Telephone Number

TO:

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

Pursuant to the provi	sions of section 605.0115, Florida Statutes, the unders	signed.			
United States Corporation Agents, Inc.		, hereby resigns as			
Name of Registered Agent					
Registered Agent for	Barb-A-Ran LLC				
<del></del>					,•
	Name of Limited Liability Company				
L23000125447					
Document	Number, if known				
A copy of this resigna	ation was mailed to the above listed limited liability co	ompany at its last	known ac	ddress.	
The agency is terminate	ated and the office discontinued on the 31st day after (	the date on which	this state	ment is	i filed.
	Tik Treutlein Signature of Resigning Agent	<del></del>			
	Signature of Resigning Agent		CZ.	202	
If signing on behalf o	f an entity:		ίλ CRI	); 	€==,+}
	Erik Treutlein		ECRETARY OF TALLAPASSES	2024 JUH 1 2 PH 3: 16	- +
	Typed or Printed Name			7	
	Vice President for United States Corporation Ager	nts, Inc.	ió co	<u></u>	
	Capacity		CTIC/	င့္မ	
				9	
	FILING FEES: \$ 85.00 Active limited liability con \$ 25.00 Administratively dissolved withdrawn limited liability	I/ voluntarily diss	solved/		

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