LESCED 380992

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Beauty by Cheyenne, PLL	_C	
Name of Limited Liability	Company	
DOCUMENT NUMBER: L23000380992		<u> </u>
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and	fee are submitted
Please return all correspondence concerning this matter to the	he following:	
United States Corporation Agents, Inc.		•
Name of Person	-	
Legalzoom.com, Inc.		
Name of Firm/Company	-	
9900 Spectrum Dr.		h r r
Address	- •	,
Austin, TX 78717		16 6 6 \$ 4 \$ 7 7 7 8 8 8
City/State and Zip Code	·	
raresignations@legalzoom.com		PH 3: 48
E-mail address: (to be used for future annual report notification)	-	ATE 8
For further information concerning this matter, please call:		, · · ·
800 at (773-0888	; ; ;
Name of Person Area Code	Daytime Telephone Nur	nber
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve	t of State for \$85.00 for d, voluntarily dissolved	an active limited or withdrawn limited

MAILING ADDRESS:

liability company.

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 provisions of section	on 605.0115, FI	lorida Statutes, the under	signed.	•
United States Corporation A	gents, Inc.		hereby resigns as	
	gistered Agent		nereby resigns as	' 5
Registered Agent for Beauty by	Cheyenne,	PLLC		i !
<u> </u>				i
)	Name of Limited 1	Liability Company		•
L23000380992				:
Document Number, if know	ภา	-		;
A copy of this resignation was mai The agency is terminated and the o				.
		reutlein nature of Resigning Agent		
f signing on behalf of an entity:				
Erik Tre	utlein			***
	Typed	or Printed Name		1
Vice Presid	ent on behalf of L	Inited States Corporation Ag	ents, Inc.	
	Ca	pacity	· 	
	FILING FEE \$ 85.00 Ac \$ 25.00 Ad	S: tive limited liability con Iministratively dissolved Ithdrawn limited liability	npany I/ voluntarily diss	ENSSEE OF

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