# L 23000516784

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### COVER LETTER

SUBJECT: Bite Brio LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000516784 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: at ( 800 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

Registration Section

Division of Corporations

TO:

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 605.0115, Florida Statutes, the	e undersigned,	
United States Corporati	on Agents, Inc.	, hereby resigns as	
Nam	e of Registered Agent	Hereby resigns as	
Registered Agent for Bite B	rio LLC		-
	Name of Limited Liability Company		_,
L23000516784			
Document Number,	if known	. 29	
	s mailed to the above listed limited lia the office discontinued on the 31st da	ability company at its last known address as a statement of the date on which this statements	is filed;==
	Signature of Resigning A	Agent . C	
If signing on behalf of an ent	ty:		ယ
Ch	eyenne Moseley		
<del></del>	Typed or Printed Name		
Ass	t. Secretary for United States Corporati	ion Agents, Inc.	
	Capacity	<del></del>	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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