M1900000 7001

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





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COVER LETTER

TO: Registration Section Division of Corporations

BUSY "B" ENTERTAINMENT LLC SUBJECT:		
Name of Limite	ed Liability	Company
DOCUMENT NUMBER: M19000007001		
The enclosed Resignation of Registered Agent for for filing.	a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this n	natter to th	e following:
Kenneth J. Ronan, Esq.		
Name of Person		
Lavalle, Brown & Ronan, P.A.		
Name of Firm/Company		
750 South Dixie Highway		
Address	-	
Boca Raton, FL 33432		
City/State and Zip Code		
chrisrtufo@gmail.com		
E-mail address: (to be used for future annual report no	tification)	
For further information concerning this matter, ple	ease call:	
Christopher Tufo	516	429-4831
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes, tl	he undersigned.
Kenneth J. Ronan, E	sq.	, hereby resigns as
	ame of Registered Agent	(nervoy resigns as
Registered Agent for BUS	SY "B" ENTERTAINMENT LLC	
	Coral Springs, FL 33067	
	Name of Limited Liability Company	
M19000007001		
Document Numb	per, if known	
A copy of this resignation	was mailed to the above listed limited li	iability company at its last known address.
The agency is terminated a	and the office discontinued on the 31st of	day after the date on which this statement is filed.
	Signature of Resigning	Agent
If signing on behalf of an e	entity:	2020
_	Typed or Printed Name	. 22
-	Capacity	53 10: 53
	FILING FEES: \$ 85.00 Active limited liab \$ 25.00 Administratively of withdrawn limited	oility company dissolved/ voluntarily dissolved/ d liability company

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