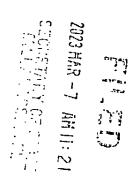
# 6180000012

(Requestor's Name)
(Address)
(100.000)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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RA Rosignation

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### **COVER LETTER**

Registration Section
Division of Corporations

SUBJECT: BEYOND SUGAR ADVIS	ERS LLC	
Name of Limited Liability	y Company	
DOCUMENT NUMBER: M21000000312		
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are	submitted
Please return all correspondence concerning this matter to t	he 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:	?	22
800 at (	773-0888	123 HJ
Name of Person Area Code	Daytime Telephone Number	70
Enclosed is a check made payable to the Florida Departmer liability company or \$25.00 for an administratively dissolve liability company.	nt of State for \$85.00 for an actived, voluntarily dissolved or with	Pe limited The drawn limited

#### 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 provision	ns of section 605.0115, Flor	ida Statutes, the under	rsigned.		
United States Corp	, hereby resigns as				
	Name of Registered Agent		, 0		
Registered Agent for B	EYOND SUGAR ADVI	SERS LLC			
	Name of Limited Lia	bility Company			
M21000000312					
Document Nu	imber, if known				
A copy of this resignation	on was mailed to the above I	isted limited liability	company at its last known a	ıddress.	
The agency is terminated	d and the office discontinued	d on the 31st day after	the date on which this state	ement is f	iled.
	Signat	ure of Resigning Agent			
If signing on behalf of a	n entity:				
	Cheyenne Moseley			202; 5 = 7	
	Typed or	Printed Name		2023 MAR -7 ""0851) APY	ikan par
	Asst. Secretary for United States Corporation Ag		ents, Inc.	20 A	* * * * * * * * * * * * * * * * * * *
	Сара	neity	- 5	•	1
			: 'e		it man
	FILING FEES \$ 85.00 Acti	<u>:</u> va limitad liability oo	7; : 1 :: 1 ::	MH:21	السيا
	\$ 85.00 Acti \$ 25.00 Adm with	ve ilinled liability co iinistratively dissolve idrawn limited liabili	ompany ed/voluntarily dissolved/ ty company		

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