L2200034836/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only

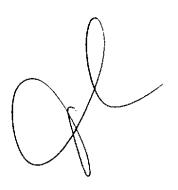


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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Best Foot Forward Cleaning Services of Bar	rtow LLC
Name of Limited Liability Company	
DOCUMENT NUMBER: L22000348361	
The enclosed Resignation of Registered Agent for a Limited Liability Compa for filing.	any and fee are submitted
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.	2022
Address	NO.
Austin, TX 78717	2022 NOV 14 AM
City/State and Zip Code	SS P
raresignations@legalzoom.com	1 8: 38
E-mail address: (to be used for future annual report notification)	38
For further information concerning this matter, please call:	
Name of Person at (800 773-0888 Area Code Daytime Telepho	one 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.01	l 15, Florida Statutes, th	e undersigned,		
United States Corporation Agents,	Inc.	hereby resigns		
Name of Registered Ap	gent	nereby resigns	as	
Registered Agent for Best Foot Forwar	d Cleaning Service	s of Bartow LLC		
				_
Name of L	imited Liability Company	-		
L22000348361				
Document Number, if known				
A copy of this resignation was mailed to the	above listed limited lia	ability company at its la	ist known addre	SS
The agency is terminated and the office disc				
	Signmente of Resigning A	Agent		
If signing on behalf of an entity:				207
Cheyenne Mos	eley		LALLAMASSE OF	` ≥ 5 ~~?*
	Typed or Printed Name			
Asst, Secretary for	United States Corporati	on Agents, Inc.	Sin .	•
	Capacity			
			8: 30 FL	"
FILING	G FEES:			
\$ 85.00 \$ 25.00	Active limited liabil	ssolved/ voluntarily di	ssolved/	

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