## L19000057426

(Requestor	's Name)	
(Address)		
(Address)		
( .a.r.zzz,		
(City/State/	Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Duamess	entity Name,	
(Document	: Number)	
Certified Copies C	Certificates of S	Status
Special Instructions to Filing C	officer:	

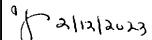
Office Use Only



200397727182

11/15/22--01037--001 \*\*5800.00





## **COVER LETTER**

TO:	Registration Section Division of Corporations		•	
SUBJ	ECT:    GOLDFOIL PHOTOGRAPHY   Nai			
		me of Limited Liability	Company	
DOC	UMENT NUMBER: L190000574	<u> </u>		
The er		d Agent for a Limited	d Liability Company and fee are submitte	C
Please	return all correspondence conce	ming this matter to th	ne following:	
Chelse	a Chapman			
	Name of Person		,	
Legalir	nc Corporate Services, INC.			
	Name of Firm/Compa	iny	•	
10601	Clarence Dr Ste 250			
	Address			
Frisco,	TX 75033-3867			
	City/State and Zip Co	de		
ra@leg	alinc.com			
E-	-mail address: (to be used for future and	nual report notification)		
For fu	rther information concerning this	s matter, please call:		
Chelse	a Chapman	844	386-0178 ) Daytime Telephone Number	
	Name of Person	Area Code	Daytime Telephone Number	
Enclos liabilit limited	sed is a check made payable to the company or \$25.00 for an admid liability company.	ne Florida Departmen ninistratively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	<ol><li>Florida Statutes, the und</li></ol>	iersigned.		
Legalinc Corporate Serv	ices, INC.		_ , hereby resigns as		
	Name of Registered Age				
Registered Agent for	OLDFOIL PHOTOGR	RAPHY LLC			
	Name of Lir	nited Liability Company	· <del>-</del>	<del></del>	.•
L19000057426					
Document N	umber, if known				
A copy of this resignation	on was mailed to the	above listed limited liability	y company at its last kno	wn address.	
The agency is terminate	ed and the office disco	ontinued on the 31st day aft		statement is	filed.
		Signature of Resigning Agent		20 51	
If signing on behalf of a	in entity:		- A	22 <b>≯</b>	ध्यक्त
	Chelsea Chapman		į.	9022 NOV 15 خوبادیا ایم	) [ 
	-	Typed or Printed Name		15	F
	On Behalf of Legalir	nc Corporate Services, INC.			[F]
		Capacity			$\Box$
			<u>-</u> F	PH 1:14	
	FILING © \$ 85.00 © \$ 25.00	Active limited liability of	ved/voluntarily dissolve		

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