

M1300000 6878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

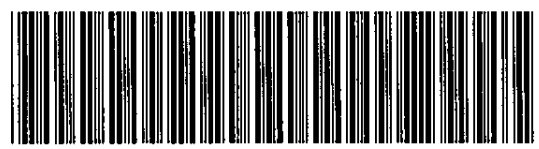
(Business Entity Name)

(Document Number)

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Resignation  
to RA

05/05/15--01002--017 \*\*25.00

FILED  
MAY - 5 AM 11:27  
TALLAHASSEE, FLORIDA  
STATE

FOR  
5/12/15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE HORROR FESTIVAL, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M13000006878

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:

SHARON COOKE  
Name of Person

PARACORP INCORPORATED  
Name of Firm/Company

PO BOX 160568  
Address

SACRAMENTO, CA 95816  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PARACORP INCORPORATED at ( 888 ) 272-3725  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, the undersigned,

PARACORP INCORPORATED, hereby resigns as  
Name of Registered Agent

Registered Agent for THE HORROR FESTIVAL, LLC  
Name of Limited Liability Company

M13000006878  
Document Number, if known

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2015 MAY -5 AM 11:27  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

*Sharon Cooke*  
Signature of Resigning Agent

If signing on behalf of an entity:

SHARON COOKE  
Typed or Printed Name

ASST SECRETARY  
Capacity

**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**