L21000 256226

(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: UNDERSEEN PRODUCTIONS LI	LC of Limited Liabil	ity Company
DOCUMENT NUMBER: L21000256226		, <u></u>
	gent for a Limi	ted Liability Company and fee are submitted
for filing.	8****	
Please return all correspondence concernir	ng this matter to	the following:
Chelsea Chapman		
Name of Person		
Legalinc Corporate Services, INC.		
Name of Firm/Company		_
10601 Clarence Dr Ste 250		
Address		_
Frisco, TX 75033-3867		
City/State and Zip Code	-	_
ra@legalinc.com		
E-mail address: (to be used for future annual	report notification	-
For further information concerning this ma	atter, please cal	:
Chelsea Chapman	844 at (386-0178
Name of Person	Area Coo	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INH\$17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605,011	5, Florida Statutes, the unc	dersigned,			
Legaline Corporate Services, INC.			, hereby resigns as			
•	Name of Registered Age	ent	_ , ,			
Registered Agent for U	NDERSEEN PRODUC	CTIONS LLC			_	
	Name of Lin	nited Liability Company			;	
L21000256226						
Document Nu	mber, if known					
-		above listed limited liabilit ontinued on the 31st day af Marie of Resigning Agent		statement	is filed	d.
If signing on behalf of a	n entity:				5059 ET 2 10 PM 12: 39	į į
	Chelsea Chapman				Ä. ,	,
	7	Typed or Printed Name			\bar{z}	3
	On Behalf of Legalir	ne Corporate Services, INC.		성의	₽	
		Capacity		E S	22	
				PAE	: 39	
	FILING \$ 85.00 • \$ 25.00	Active limited liability	ved/ voluntarily dissolve	·d/		

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

INHS17 (2/14)