# 121000230184

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Special instructions to 1 ling Officer.
11.5
umilk

Office Use Only



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#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Option Up Theatre LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000230184	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
at (	773-0888
Name of Person Area Code	Daytime Telephone Number

#### MAILING ADDRESS:

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

### STREET ADDRESS:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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	s of section 605.0115, Florida Stati	utes, the undersigned,		
United States Corpo	ration Agents, Inc.	hereby resigns a	18	
	Name of Registered Agent		J	
Registered Agent for Op	tion Up Theatre LLC	_		
	Name of Limited Liability Con	npany	·	
L21000230184				
Document Nun	nber, if known			
	n was mailed to the above listed lin and the office discontinued on the	31st day after the date on whic		ed.
If signing on behalf of an	·		2023 NOV	
	Typed or Printed N	ame	2	
	Asst. Secretary for United States C	orporation Agents, Inc.		
	Capacity		PH 2: 40	2

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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