F15000001897

(Re	questor's Name)	
(Ad-	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
	umills	





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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TOON BOOM ANIMATION INC.
(Name of Corporation)
DOCUMENT NUMBER: F15000001897
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
SAIDA GALAN
(Name of Person)
PARACORP INCORPORATED
(Name of Firm/Company)
PO BOX 160568
(Address)
SACRAMENTO CA 95833
(City/State and Zip Code)
For further information concerning this matter, please call:
SAIDA GALAN (Name of Person) at (800) 533.7272 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active of

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. corporation

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

		(2), 617.0502(2), 607.1509, or 617.15	09.
Florida Statute	es, the undersigned, PARACO	RP INCORPORATED	
	· · · · · · · · · · · · · · · · · · ·	(Name of Registered Agent)	
hereby resigns	as Registered Agent for TOO	N BOOM ANIMATION IN	1C.
nereoy resigns	(Name of Corporation)		
F150000	01897		
(Docum	ent Number, if known)		
A copy of this	resignation was mailed to the ab	ove listed corporation at its last knowr	ı address.
The agency is this statement		inued on the 31st day after the date on	which
	(Signature o	f Resigning Agent)	4
If signing on b	ehalf of an entity:		
	ABIGALE PETERS	ON Printed Name)	بتن .
		PARACORP INCORPORATED	
	<u></u>		
	(C	apacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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