

LO7000016766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

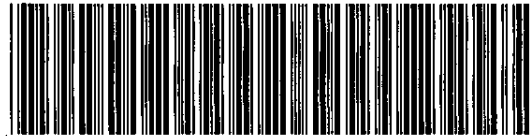
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
AUG - 7 2012
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WHITE CHALK ENTERTAINMENT, L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L07000016766

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:

PHILOCTETE, GREGORY

Name of Person

Name of Firm/Company

16850 - 112 COLLINS AVE SUITE 506

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

okik4321@gmail.com

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

For further information concerning this matter, please call:

Melissa Augustin

Name of Person

at (954)

295 1153

Area Code & Daytime Telephone Number

FILED
2012 AUG -6 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Melissa Augustin

Name of Registered Agent

, hereby resigns as

Registered Agent for WHITE CHALK ENTERTAINMENT, L.L.C.

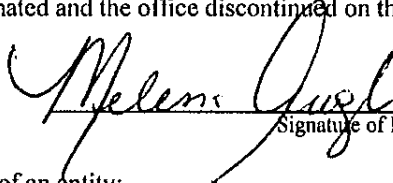
Name of Limited Liability Company

L07000016766

Document Number, if known

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
2019 AUG -6 PM 3:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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