

LO9000028638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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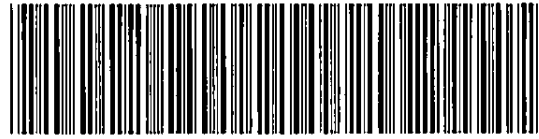
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

J. LEGGETT  
NOV - 3 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ITS WRITTEN STUDIOS, LLC.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000028638

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:

Registered Agent Department  
Name of Person

Business Filings Incorporated  
Name of Firm/Company

8020 Excelsior Drive Suite 200  
Address

Madison, WI 53717  
City/State and Zip Code

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

For further information concerning this matter, please call:

Registered Agent Department at (800) 981-7183  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

**Business Filings Incorporated**, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **ITS WRITTEN STUDIOS, LLC.**

\_\_\_\_\_  
Name of Limited Liability Company

**L09000028638**

\_\_\_\_\_  
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:

**Jill Morrison**

\_\_\_\_\_  
Typed or Printed Name

**Asst Secretary for Business Filings Incorporated**

\_\_\_\_\_  
Capacity

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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**