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Division of Corporations

Fax Number : (850)617-638J

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : [561]214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC REGISTERED AGENT RESIGNATION SHOTTA CULTURE LLC

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T. LEMIEUX MAR 1 6 2023

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Shotta Culture LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L09000032424	
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 th	e following:
Erika Easter	
Name of Person	
eMinutes/ Unger Law PC	
Name of Firm/Company	
228 Park Ave S. PMB 50845	
Address	
New York, NY 10003-1502 City/State and Zip Code	
eteam@eminutes.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Peter Millsap, CPA at (310)229-4438
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

eResident Agent, Inc.		, hereby resign	, hereby resigns as		
	Name of Registered Agent				
Registered Agent for	Shotta Culture LLC				
	Name of Limited Liability	Company			
L09000032424					
Document N	umber, if known				
A copy of this resignati	on was mailed to the above listed	limited liability company at its	last known ac	idress.	
The agency is terminate	d and the office discontinued on t	he 31st day after the date on whether	hich this state	ment is f	filed
	80	2			
	Signature of	Resigning Agent	7E	?	
If signing on behalf of a	in entity:			P23	
	Erika Easter			2023 H 12 16	
	Typed or Printe	d Name		9	<u>-</u>
	Authorized Signatory			7	C
	Capacity		•	P#12:	
			•	: 36	
	\$ 25,00 Administ	nited liability company ratively dissolved/voluntarily in limited liability company	dissolved/		

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