

L1 00000 01437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

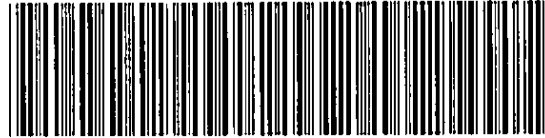
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600419909736

FILED

2023 DEC 20 AM 11:36

RECEIVED

2023 DEC 20 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cl



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2023

CSC
ALEXXIS WEILAND-SORENSEN

SUBJECT: PAINTBRUSH MARKETING, LLC
Ref. Number: L10000001437

RESUBMIT
Please give original
submission date as file date.

We have received your document for PAINTBRUSH MARKETING, LLC and the authorization to debit your account in the amount of \$85.00. However, the document has not been filed and is being returned for the following:

The document must have the signature of the resigning agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 423A00029061

2023 DEC 20 AM 11:36

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2023 DEC 28 AM 11:13
TAMMIS-LEWIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 183822 8323810

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ ~~87.50~~ 5.00

ORDER DATE : December 8, 2023

ORDER TIME : 9:47 AM

ORDER NO. : 183822-005

CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: PAINTBRUSH MARKETING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Unassigned -- EXT#

EXAMINER: _____

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TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for Paintbrush Marketing, LLC

Name of Limited Liability Company

L10000001437

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.

Alexxis Weiland-Sorenson, AYP

Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXSIS WEILAND-SORENSEN

Typed or Printed Name

ASSISTANT VICE PRESIDENT

Capacity

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Tallahassee, FL

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