

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112 Pnone : (302)575-0875

Fax Number : (302)5/5-1642

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

Email Address:

## LLC REGISTERED AGENT RESIGNATION TALL HAT PRODUCTIONS LLC

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AUG -7 2015

8/6/2015

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisions of section	n 005.0115, Piorida Statute	s, me undersigned,	_
AGENTS AND CORPORATI	IONS, INC.	, hereby resigns as	THE
	sistered Agent		PEC P
Registered Agent for TALL HAT	PRODUCTIONS LLC		THE STATE OF
	·		Sign
	same of Limited Liability Compa	лì	7,7,0
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Document Number, if know	'n		<del>4</del> 7
A copy of this resignation was mail	led to the above listed limite	ed liability company at its last l	known address.
The agency is terminated and the of	ffice discontinued on the 31	lst day after the date on which	this statement is filed.
By	She Manufacture of Resignature of Resignature	ning Agent	
If signing on behalf of an entity:			
JOHN L	., WILLIAMS		
<del></del>	Typed or Printed Nam	ne	
PRESID	DENT		
<del></del>	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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