L12000067686

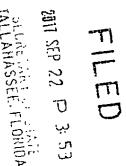
(Re	equestor's Name)	=
(Ac	idress)	
(Ac	ddress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	
	_	

Office Use Only



200303577742

U3/22/17--U1U12--UU5 **85.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: N	ame of Limited Liabili	ty Company	<u>.</u>
DOCUMENT NUMBER: L120000			
The enclosed Resignation of Register for filing.	red Agent for a Limito	ed Liability Comp	any and fee are submitted
Please return all correspondence conc	cerning this matter to	the following:	
VIVIAN WILLIAMS			
Name of Person		<u> </u>	
FLORIDA ANNUAL REPORT SE	RVICES INC		
Name of Firm/Comp	pany	_	
2300 CORAL WAY			
Address			
MIAMI, FLORIDA 33145			
City/State and Zip C	Code	<u></u>	
maglybello@gmail.com			₹. 8
E-mail address: (to be used for future a	nnual report notification)	_	1 7
For further information concerning th	us matter, please call:		TILE MI SEP 22 TALLAHASSE
VIVIAN WILLIAMS	305	856-0056	SERVE D
Name of Person	Area Cod	e Daytime Telepl	0 .
Enclosed is a check made payable to liability company or \$25.00 for an ad liability company.	the Florida Departme ministratively dissolv	nt of State for \$8; ed, voluntarily di	影点 公 5.00 for an active limited ssolved or withdrawn limited
MAILING ADDRESS:	STRE	EET ADDRESS:	
Registration Section	_	tration Section	
Division of Corporations		on of Corporation	15
P.O. Box 6327 Tallahassee, FL 32314		n Building Executive Center	Circle
1 animitosee, 1 il 32317		hassee, FL 32301	CHUIC

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the	e undersigned.
FLORIDA ANNUAL REPORT SERVICES INC	, hereby resigns as
Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for BO FENG 981 LLC	
Name of Limited Liability Company	
L12000067686	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited lia. The agency is terminated and the office discontinued on the 31st described by the signature of Resigning Signature of Resigning and Signature of Resigning Signature Office	lay after the date on which this statement is filed
VIVIAN WILLIAMS	
Typed or Printed Name PRESIDENT	TALL 291
FILING FEES: \$ 85.00 Active limited liab \$ 25.00 Administratively d	oility company dissolved/voluntarily dissolved/ Ulability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

14000192004

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City,	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	_	

Office Use Only



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09/22/17--01012--014 **85.00

TILED

IN SEP 22 P 3: 51

D SCOTT OCT 5 207

COVER LETTER

THEA PRODUCTIONS LLC			
SUBJECT: Name of Limited Liability	Company		
DOCUMENT NUMBER: L14000192004			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Comp	any and fee are s	ubmitted
Please return all correspondence concerning this matter to the	ne following:		
VIVIAN WILLIAMS			
Name of Person			
FLORIDA ANNUAL REPORT SERVICES INC			
Name of Firm/Company	•		
2300 CORAL WAY			
Address	-		
MIAMI, FLORIDA 33145			
City/State and Zip Code	-	FALL BE	
maglybello@gmail.com		LAH)	FILE
E-mail address: (to be used for future annual report notification)	-	22 ASS	
For further information concerning this matter, please call:		7	10
VIVIAN WILLIAMS 305	856-0056	GREEN 5	
Name of Person Area Code	Daytime Telepi	none Namber —	

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

TO:

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 un	ndersigned,
FLORIDA ANNUAL REPORT SERVICES INC	, hereby resigns as
Name of Registered Agent	
Registered Agent for THEA PRODUCTIONS LLC	
Name of Limited Liability Company	
L14000192004	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liabili	ity company at its last known address.
The agency is terminated and the office discontinued on the 31st day a supplied by the signing Agency of Resigning Agency on behalf of an entity:	
VIVIAN WILLIAMS	
Typed or Printed Name PRESIDENT	
Capacity	,
FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited lia Make checks payable to Florida Department	bility company SEC D
Make checks payable to Florida Department Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	