

L13000014055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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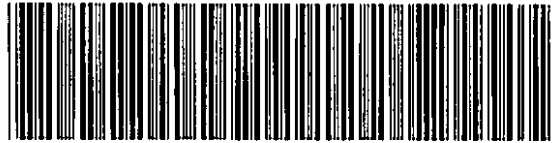
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

10/12/20
VS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Utopia Studios
Name of Limited Liability Company

DOCUMENT NUMBER: L13000014055

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:

Christina Rose
Name of Person

Utopia Studios
Name of Firm/Company

854 S New York Ave
Address

Lakeland/Florida 33815
City/State and Zip Code

utopiastudiosllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Rose at (863) 255-0609
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Giuliana Bologna

Name of Registered Agent

, hereby resigns as

Registered Agent for Utopia Studios, Inc.

Name of Limited Liability Company

L13000014055

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:

Typed or Printed Name

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILED
2020 AUG 21 A 9 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA