

L13000148982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

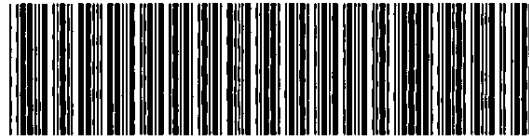
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 MAY -4 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAY -5 2017



• A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr Ste. 200
Cedar City, Utah 84720
Phone 435-586-9366
Fax 435-586-9491

Mandy Theobald, Legal Assistant
Mandy@kkoslawyers.com

April 28, 2017

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Resignation of Registered Agent

Florida Division of Corporations

Enclosed is the signed Resignation of Registered Agent form for **Thought's Creation, LLC**, and a check for \$25.00 for any filing fees.

If everything is correct please send the copy stamped for our records. Thank you.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Mandy Theobald
Legal Assistant

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thought's Creation, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000418982

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:

Mandy Theobald

Name of Person

KKOS Lawyers

Name of Firm/Company

1883 W. Royal Hunte Drive

Address

Cedar City, UT 84720

City/State and Zip Code

Mandy@kkoslawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mandy Theobald

at (435) 586-9366

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Incorp Services, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for Thought's Creation, LLC

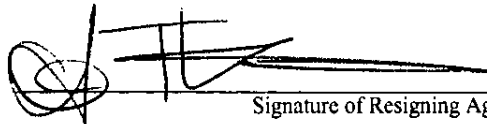
Name of Limited Liability Company

L13000148982

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:

Mandy Theobald

Typed or Printed Name

Authorized Agent

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA