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(R	equestor's Name)
	ddress)
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(A	ddress)
_	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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COVER LETTER

TO: Registration Section Division of Corporations	
HULLHOUSE PRODUCTIONS, LLC Name of Limited Liability Company	
DOCUMENT NUMBER: L14000098855	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are s for filing.	ubmitted
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
1 800773-0888 ×395	
Name of Person at (1800) 773-0888 x395 Area Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdiliability company.	limited cawn limited

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 provision	as of section 605.0115	Florida Statutes, the undersig	ned.		
United States Corporation Agents, Inc. Name of Registered Agent			hereby resigns as		
	Name of Lim	ted Liability Company	-		_·
L14000098855					
Document Nu	mber, if known				
.,		bove listed limited liability con ntinued on the 31st day after the	, -		
If signing on behalf of a	CL	Signature of Resigning Agent			
n signing on ochan or ar	Cheyenne Mose	lov			
		ped or Printed Name			
	`	nited States Corporation Agents	s. Inc.		
		Capacity	<u> </u>	2019.	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability c	any voluntarily dissolved/ company	:21 PH 2:	

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