LIADOO 127 980

(Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)	_					
(City/State/Zip/Phone #)	(Address)						
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)						
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)						
(Document Number) Certified Copies Certificates of Status							
Certified Copies Certificates of Status	(Business Entity Name)						
	(Document Number)						
Special Instructions to Filing Officer:	Certified Copies Certificates of Status						
	Special Instructions to Filing Officer:						



07/15/19--01030--001 **85.00



AL 2 4 233 TOCHROEDER

.

2804 Ga						
2804		l Ga	Gateway Oaks Drive #100 Sacramento, CA 95833			
			Phone 888-280-6115 Fax 800-603-5868			
Ē	R	EFE	RENCE # MUST BE ON INVOICE TO BE PAID			
Date:	July 03, 2019		AE:	Cori Ann Crosthwaite		
Vendor #	H1080		Email:	ccrosthwaite@myparacorp.co m		
TO:	Florida Department of State New Filing Section - Division of Corporatie PO Box 6327 Tallahassee, FL 32314		Ref Number:	1328597		
FAX:			1 7 1 8			
EMAIL:) 			

NAME: **IKONIK FILMS**

REGISTERED AGENT RESIGNATION FILING

State FL SPECIAL INSTRUCTIONS: file date 7/3/2019

1 plain copy

• •

PLEASE EMAIL OR FAX A COPY OF RESULTS

Please return via: Regular Mail

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-280-6115

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

hereby resigns as

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

Rocket Lawyer Corporate Services LLC

Name of Registered Agent

Registered Agent for KONIK FILMS

Name of Limited Liability Company

L14000127980

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

Assistant Secretary

Leticia Herrera

Capacity



FILING FEES:

\$ 85.00 \$ 25.00

 Active limited liability company
 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