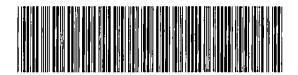
# L14000174908

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
J. HORNE APR 1 5 2024			

Office Use Only



300426174873

02/25/24 -01925 -093 \*\*25.00



### COVER LETTER

Registration Section Division of Corporations SUBJECT: Biz Mat Productions, LLC Name of Limited Liability Company DOCUMENT NUMBER: L14000174908 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: 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 raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

#### MAILING ADDRESS:

liability company.

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

TO:

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115, Florida Statutes, th	e undersigned,	5 6 6
United States Corporation Agents, Inc.  Name of Registered Agent  Registered Agent for Biz Mat Productions, LLC		_ , hereby resigns as	Part Part
			IR 25 PA 12: 39
L14000174908			
Documen	t Number, if known		
	t Number, if known ation was mailed to the above listed limited li	ability company at its last kr	nown address.
A copy of this resign			
A copy of this resign	ation was mailed to the above listed limited li	ay after the date on which th	
A copy of this resign	ation was mailed to the above listed limited li ated and the office discontinued on the 31st d Signature of Resigning	ay after the date on which th	
A copy of this resign The agency is termin	ation was mailed to the above listed limited li ated and the office discontinued on the 31st d Signature of Resigning	ay after the date on which th	
A copy of this resign The agency is termin	ation was mailed to the above listed limited linated and the office discontinued on the 31st d  Signature of Resigning of an entity:	ay after the date on which th	
A copy of this resign The agency is termin	ation was mailed to the above listed limited linited and the office discontinued on the 31st d  Signature of Resigning of an entity:  Cheyenne Moseley	ay after the date on which the	

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