

L15000009723

(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:

Office Use Only



200400015782

STATE OF FLORIDA • 80111

FILED
2023 JAN 12 PM 1:14
CLERK OF STATE
TALLAHASSEE, FL

1

4

Name of Limited Liability Company

LI5000009723

Please return all correspondence concerning this matter to the following:

Name of Person

Name of Firm/Company

Address

City/State and Zip Code

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

Name of Person

561

804-4372

at (

Area Code

Daytime Telephone Number

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,

GY Corporate Services Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for MATTISE HOLDINGS, LLC

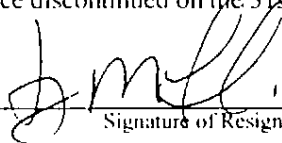
Name of Limited Liability Company

1.15000009723

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:

Joy Fledelius

Typed or Printed Name

Assistant Secretary

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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
2023 JAN 12 PM 1:14
CLERK OF STATE
TALLAHASSEE, FL