

L150000141842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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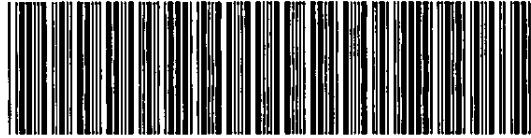
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cinema Squatch LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Ryan Tarrant  
Name of Person

Cinema Squatch  
Name of Firm/Company

500 Trinity Lane N #9203  
Address

St. Pete, FL 33716  
City/State and Zip Code

Ryan.CinemaSquatch@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Tarrant at ( 941 ) 284-1983  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Tara Kidd, hereby resigns as  
Name of Registered Agent

Registered Agent for Cinema Squatch, LLC  
Name of Limited Liability Company

L 15000141842  
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.

Tara Kidd  
Signature of Resigning Agent

If signing on behalf of an entity:

Tara Kidd  
Typed or Printed Name  
  
Capacity

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TALLAHASSEE, FLORIDA

### 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