

L15000156631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

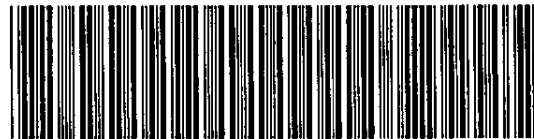
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2017 JAN 27 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JAN 31 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2017

LAW OFFICES OF GBRIELA RIZA PA
RAYMOND SANCHEZ, ESQ.
5641 HOOVER BLVD BLVD
TAMPA, FL 33634

SUBJECT: STUDIO 12 PRODUCTIONS LLC
Ref. Number: L15000156631

RECEIVED
2017 JAN 27 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for STUDIO 12 PRODUCTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent resigning must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 217A00000785

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Studio 12 Productions

Name of Limited Liability Company

DOCUMENT NUMBER: L15000156631

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:

Raymond Sanchez, Esquire

Name of Person

Law Offices of Gabriela Riza PA

Name of Firm/Company

5641 Hoover Blvd Blvd

Address

Tampa Florida 33634

City/State and Zip Code

rsanchez@rizavisa.com

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

For further information concerning this matter, please call:

Raymond Sanchez

at (813) 8848485

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Law Offices of Gabriela Rizqa, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Studio 12 Productions, LLC

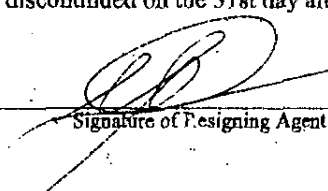
Name of Limited Liability Company

L15000156631

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:

Gabriela Riza

Typed or Printed Name

Attorney

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

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TALLAHASSEE, FLORIDA