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### **COVER LETTER**

Division of Corporations	
SUBJECT: Agora Productions LLC.  Name of Limited Liability Company	
DOCUMENT NUMBER: L16000039 671.	<u> </u>
The enclosed Resignation of Registered Agent for a Limited Liability Company ar for filing.	nd fee are submitted
Please return all correspondence concerning this matter to the following:	
Cindy Rojas Name of Person	
Agora Productions LLC Name of Firm/Company	
150 sw 10 street-Suite 6 Address	TAS IS
Miami, FL 33130 City/State and Zip Code	昭元5
E-mail address: (to be used for future annual report notification)	PH 2:1
For further information concerning this matter, please call:	DATE S
Cindy Rojas 786 \ 461 9053	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

Area Code Daytime Telephone Number

TO:

Registration Section

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

Pursuant to the provision	ons of section 605.0115	, Florida Statutes, the undersign	ed,
Juan	E. Rodas	. here	eby resigns as
	Name of Registered Agent		
Registered Agent for _	Agola	Peoductions	LLC
	Name of Limit	led Liability Company	•
L16000	039671.		
Document N	lumber, if known	<del>_</del>	
A copy of this resignati	ion was mailed to the ab	pove listed limited liability comp	pany at its last known address.
The agency is terminate	ed and the office discon	tinued on the 31st day after the  Cocket V.  Signature of Resigning Agent	date on which this statement is filed.
If signing on behalf of	an entity:		
	Ту	ped or Printed Name	
		Capacity	SECONOMIC SECONO
	FILING   \$ 85.00 \$ 25.00	FEES: Active limited liability compa Administratively dissolved/ v withdrawn limited liability co	ANASSE OF STATE ompany

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314