# 116000086611

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/21p/Fitone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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### **COVER LETTER**

TO: Registration Section Division of Corporations

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SUBJECT: REVIT UP ENTERTAIN	MENT, LLC of Limited Liability	Company
DOCUMENT NUMBER: L160000866	·	Company
The enclosed Resignation of Registered A submitted for filing.		Liability Company and fee are
Please return all correspondence concerni	ing this matter to th	ne following:
United States Corporation Agents, Inc	C.	
Name of Person	·	
Legalzoom.com, Inc.		
Name of Firm/Company		
101 North Brand Blvd. 11th Floor		
Address		
Glendale, CA 91203		
City/State and Zip Code		
raresignations@legalzoom.com E-mail address: (to be used for future annua	Treport notification)	
For further information concerning this m	natter, please call:	
Kasandra Lund	at ( 1800	) 773-0888 x3951
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115. Florida Statutes, the undersig	ned.
United States Cor	poration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for_	REVIT UP ENTERTAINMENT, LLC	
	Name of Limited Liability Company	
1.16000086671		
Document?	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability con	npany at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after the da	te on which this statement is filed.
	Signature of Resigning Agent	19 ALI
If signing on behalf of	an entity:	NUG 28 PM 6: US ANIASSEE, FLORIUA
	Cheyenne Moseley	S
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents, 1	nc.   6: บัธ
	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