# L16000 178256

(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



000327574110

04/22/19--01039--023 \*\*25.00

2019 APR 22 PM 5: 19

: 28/<sub>100</sub>

## **COVER LETTER**

SUBJECT: BLUE BISON CREATIVE, LL Name of I	С	
Name of I	.imited Liabilit	y Company
DOCUMENT NUMBER: L16000178256		
The enclosed Resignation of Registered Ager for filing.	at for a Limite	d Liability Company and fee are submitted
Please return all correspondence concerning (	this matter to t	he following:
United States Corporation Agents, Inc.		
Name of Person	<del>-</del>	-
Legalzoom.com, Inc.		
Name of Firm/Company		_
9900 Spectrum Dr.		
Address	•••	-
Austin, TX 78717		
City/State and Zip Code		-
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matte	r, please call:	
Kasandra Lund	1 800	773-0888 x3951 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Flori liability company or \$25,00 for an administra liability company.	ida Denartmen	it of State for \$85.00 for an active limited.

#### MAILING ADDRESS:

TO: Registration Section

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 provisi	ons of section 605,0115. Florida Statutes, the unde	rsigned.	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for _	BLUE BISON CREATIVE, LLC		
	Name of Limited Liability Company		
L16000178256			
Document 8	lumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last known address.	
The agency is terminat	ed and the office discontinued on the 31st day afte	r the date on which this statement is file	:d.
	Signature of Resigning Agent		
If signing on behalf of	an entity:	2019 APR 22 PH	
	Cheyenne Moseley	PR.	f il
	Typed or Printed Name	——————————————————————————————————————	; :
	Asst. Secretary for United States Corporation Ag	pents, Inc.	["]
	Copacity	gents, Inc.	

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00