117000081068

(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



500335293275

10/09/19--01012--015 **25.00

FILED

19 OCT -8 AM 9: 10

SLUMBERS FOR SMALL MERCHAN

OCT 29 2019 TSCHROEDER

COVER LETTER

то:	Registration Section Division of Corporations
SUBJ	ECT: On The Bus Productions, LLC Name of Limited Liability Company
DOC	UMENT NUMBER: L17000087068
The e for fil	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Please	e return all correspondence concerning this matter to the following:
Unite	ed States Corporation Agents, Inc.
	Name of Person
Lega	Izoom.com, Inc.
	Name of Firm/Company
101	North Brand Blvd. 11th Floor
	Address
Glen	dale, CA 91203
	City/State and Zip Code
rares	ignations@legalzoom.com
E	-mail address: (to be used for future annual report notification)
For fi	orther information concerning this matter, please call:
Jann	a Pantoja at (1 800) 773-0888 x3950 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclo liabili liabili	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited ty company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limity company.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 provision	ns of section 605.011	5, Florida Statutes, the unc	dersigned,			
United States Corporation Agents, Inc hereby resignation.						
Name of Registered Agent						
Registered Agent for O	n The Bus Produ	ctions, LLC				
	Name of Lin	nited Liability Company		_	·	
L17000087068						
Document Nu	mber, if known					
A copy of this resignation	n was mailed to the a	above listed limited liabilit	y company at its last kn	own add	dress.	
	\mathcal{L}	ontinued on the 31st day af Signature of Resigning Agen		<u>3</u>	19	
If signing on behalf of an entity:				12	130	- 1
	Cheyenne Mose				2	
		Typed or Printed Name United States Corporation A	Agents, Inc.		<u>>=</u>	in
		Capacity		HAIL PIOA	MH 9: 10	Ü
	FILING \$ 85.00 \$ 25.00	Active limited liability	ved/voluntarily dissolv	ved/		

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