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## COVER LETTER

Division of Corporations SUBJECT: \_\_\_ Name of Limited Liability Company DOCUMENT NUMBER: L17000120950 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: United States Corporation Agents, Inc. 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 annual report notification) For further information concerning this matter, please call: Kasandra Lund Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

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TO:

Registration Section

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

Pursuant to the provisions of section 605,0415, Florida Statutes	the undersigned.
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	. nereby resigns as
Registered Agent for Outcast United Productions, LLC	
Name of Limited Liability Compa	nv.
L17000120950	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited	d liability company at its last known address.
The agency is terminated and the office discontinued on the 31s	st day after the date on which this statement is filed.
Signature of Resign	ing Agent
It signing on behalf of an entity:	
Cheyenne Moseley	
Typed or Printed Name	<del></del>
Asst. Secretary for United States Corpo	oration Agents, Inc
Capacity	<del></del>
\$ 25.00 Administrative	iability company y dissolved/ voluntarily dissolved/ 25 ited liability company
Make checks payable to Florida Depai	rtment of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314