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Ra Resignation

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COVER LETTER

SUBJECT: IZZYBEAR STUDIOS, LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000157519 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 Area Code Daytime Telephone Number 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 liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn & limited liability company.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

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the undersign	.ed.		
United States Corp	, hereby resigns as	hereby resigns as		
	Name of Registered Agent			
Registered Agent for_	IZZYBEAR STUDIOS. LLC			_
	Name of Limited Liability Company			
1.17000157519				
Document 8	lumber, if known			
A copy of this resignat	tion was mailed to the above listed limited liability comp	pany at its last known	addre	288.
	Signature of Resigning Agent			
If signing on behalf of	an entity:			
	Cheyenne Moseley		9 GCT	
	Typed or Printed Name			22 ;~ - 3 : 1
	Asst. Secretary for United States Corporation Agents, In	IC.	S.	* <
	Capacity		10 : II Hỳ	or SIAIT
	\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ volu- withdrawn limited liability con	intarily dissolved/		3 .

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