117000185211

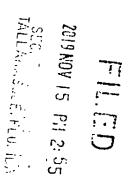
		(R	eques	stor's Nam	e)	_
		(A	ddres	s)		
	_	(A	ddres	s)		
		(C	ity/Sta	ate/Zip/Pho	one #)	
		PICK-UP		WAIT	^	/AIL
		(D	usino	ss Entity N	loma)	
		a)	usine	ss entity N	iame)	
		(D	ocum	ent Numbe	er)	
Certif	ied Cop	ies	_	Certifica	tes of Status	
Spe	cial Inst	ructions to		Officer		
Opc	oldi iiio	i dollono te	× 1	y 0111001.		

Office Use Only



700336621837

11/15/19--01008--014 **25.00



Y SIII KER DEC 1 0 2019

COVER LETTER

(1 H T F F F F F F F F F F F F F F F F F F	Kiss My Cass Productions, LLC		
SUBJ	ECT: Kiss My Cass Productions, LLC Name of Lin	nited Liability	Company
DOCU	UMENT NUMBER: L17000185211		
The er for fili	nclosed Resignation of Registered Agenting.	for a Limited	Liability Company and fee are submitted
Please	return all correspondence concerning thi	s matter to th	e following:
Unite	d States Corporation Agents, Inc.		
<u> </u>	Name of Person		
Legal	Izoom.com, Inc.		
	Name of Firm/Company		
101 N	North Brand Blvd. 11th Floor		
	Address	· · · · · · · · · · · · · · · · · · ·	
Glend	dale, CA 91203		
	City/State and Zip Code		
rares	ignations@legalzoom.com		
E	-mail address: (to be used for future annual report	notification)	
For fu	rther information concerning this matter,	please call:	
Kasa	ndra Lund	1 800	773-0888 x3951 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number

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 provisi	ons of section 605.0115. Florida Statutes, the under	signed,	
United States Cor	poration Agents, Inc.	hereby resigns as	
	Name of Registered Agent	mereog reorgina do	
Registered Agent for _	Kiss My Cass Productions, LLC		
	Name of Limited Liability Company	·	
L17000185211			
Document 8	Sumber, if known		
•	ion was mailed to the above listed limited liability of	, .	
The agency is terminat	ed and the office discontinued on the 31st day after	the date on which this statement is f	iled.
	Signature of Resigning Agent	2019 NOV	<u> </u>
If signing on behalf of	an entity:	(,	Transferre
	Cheyenne Moseley	, TT,	· ·
	Typed or Printed Name	ents, Inc.	
	Asst. Secretary for United States Corporation Age	ents, Inc.	
	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