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<u> </u>
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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MAN TARY OF STATE

KARKATUA Mangalan

COVER LETTER

SUBJECT:	Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L17000		,,
		ed Liability Company and fee are submitted
Please return all correspondence of	concerning this matter to	the following:
Chelsea Chapman		
Name of Per	rson	_
Legaline Corporate Services, Inc.		
Name of Firm/C	ompany	_
10601 Clarence Drive, Suite 250		
Address		_
Frisco, TX 75033		
City/State and Z	ip Code	_
E-mail address: (to be used for futu	re annual report notification)	_
For further information concerning	g this matter, please call:	
Chelsea Chapman	844 at (386-0178
Name of Person	Area Code	Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	isions of section 605.0115. Florida Statutes	, the undersigned.			
Legaline Corporate Services, Inc.		hereby resigns as			
Name of Registered Agent			. Hereby resigns us		
Registered Agent for	Out of Body Entertainment LLC				
	Name of Limited Liability Compa	ıy		·	
1.170	00263413				
Documen	t Number, if known				
A copy of this resign	ation was mailed to the above listed limite	d liability company at it	s last known ad	dress	
10	MULLA MA Signature of Resign	MAN ng Agent			
If signing on behalf of	•				
	Chelsea Chapman				
	Typed or Printed Name		<u> </u>		
	On behalf of Legaline Corporate Service:	s, Inc.			
	FILING FEES: \$ 85.00 Active limited 1	iability company y dissolved/ yoluntarily	MAR TO PO	TLED	

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

withdrawn limited liability company