# <u> 18000 40621</u>

I

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



07/22/19--01040--005 \*\*25.00

Constant and the second second

Y SULKER JUL 2.9 2019

### TO: Registration Section Division of Corporations

# SUBJECT: OWL MAN PRODUCTIONS, LLC

Name of Limited Liability Company

#### DOCUMENT NUMBER: L18000040621

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 Lundat (1800)773-0888 x3951Name of PersonArea CodeDaytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

#### 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 provisions of section 605.0115. Florida Statutes, the undersigned,

# United States Corporation Agents, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for OWL MAN PRODUCTIONS, LLC

Name of Limited Liability Company

1.18000040621

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known add

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

ature of Resigning Agent

If signing on behalf of an entity:

Cheyenne Moseley

Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.

Capacity

# FILING FEES:

\$ 85.00 7 \$ 25.00

 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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