# L15000143605

(1	Requestor's Name)	
(/	Address)	
(4	Address)	
(0	City/State/Zip/Phone #)	
☐ SICK-NS	MAIT	MAIL
(1	Business Entity Name)	
(1	Document Number)	<del></del>
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer.	
		3. HORNE 2020
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Thistle Dew Art Studios L	LC
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000143605	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	-
9900 Spectrum Dr.	
Address	-
Austin, TX 78717	
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:	
at (	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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	ions of section 605.0115, Florida Statutes,	the undersigned.	E E
United States Cor	poration Agents, Inc.	, hereby resigns as	POUR AUG
	Name of Registered Agent	, hereby resigns as	
Registered Agent for	Thistle Dew Art Studios LLC		W W K
	Name of Limited Liability Company		95
L18000143605			A.
Document ?	Number, if known		
A copy of this resignat	tion was mailed to the above listed limited	liability company at its last k	known address.
The agency is terminal	ted and the office discontinued on the 31st	day after the date on which t	this statement is filed.
	Crik Treutles	n	
	Signature of Resignin	g Agent	
If signing on behalf of	an entity:		
	Erik Treutlein		
	Typed or Printed Name		
	Vice President on behalf of United States Corp	oration Agents. 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