118000153490

(Re	questor's Name)	<u> </u>
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

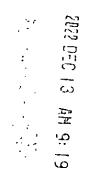
Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Three Hound Game Design LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L18000153490
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
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:
Name of Person at (800) 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	s of section 605.0115.	, Florida Statutes, the undersi	gned,			
United States Corporation Agents, Inc.). h	, hereby resigns as			
	Name of Registered Agent					
Registered Agent for Th	ree Hound Game	Design LLC			_	
	Name of Limit	ed Liability Company			·	
	Name of Limit	ed Clability Company				
L18000153490						
Document Nur	nber, if known					
A copy of this resignation	n was mailed to the ab	ove listed limited liability co	mpany at its last known	addres	s.	
The agency is terminated	and the office discon	tinued on the 31st day after th	ne date on which this sta	itement	is filed	d.
		Signature of Resigning Agent				
If signing on behalf of an	entity:			!	20	
Cheyenne Moseley				022 DE	[]	
	Туј	ped or Printed Name		: .	0	ده سید ده سید
	Asst. Secretary for Ur	nited States Corporation Agen	ts, Inc.	,	ت	1
		Capacity		• 1	H	
				-5: ; 31	9: 19	زيا
	FILING F \$ 85.00 \$ 25.00	<u>YEES:</u> Active limited liability com Administratively dissolved/ withdrawn limited liability	voluntarily dissolved/			

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