H&CCC 171754

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(Address)
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COVER LETTER

SUBJECT: House Lights Media LLC Name of Limited Liability	Convany
DOCUMENT NUMBER: L18000171759	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
800 at (773-0888
)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of secti	on 605.011	5, Florida Statutes, the undersigne	·d.	
United States Corporation Agents, Inc.			, hereby resigns as	
Name of R	oy resigns as			
Registered Agent for House Lig	hts Medi	a LLC		
	Name of Lin	ited Liability Company		·
L18000171759				
Document Number, if kno	own			
A copy of this resignation was ma	iled to the a	bove listed limited liability compa	any at its last known ad-	dress.
The agency is terminated and the o	office disco	ntinued on the 31st day after the digital day after the day after	ate on which this staten	nent is filed.
If signing on behalf of an entity:				
Cheyer	nne Mose	ley		
***	1	yped or Printed Name		
Asst. Sec	cretary for L	nited States Corporation Agents, I	nc.	
		Capacity		ADEC 15
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability compan Administratively dissolved/ vol withdrawn limited liability cor	y untarily dissolved/ opany	5 Pil 6:

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314