L18000172358

(Requestor's Name)	
(Address)	
, ,	
_	
(Address)	
(City/State/Zip/Phone #)	
, , , , ,	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
·	
L	

Office Use Only



500416929015

10/10/23--01020--021 ++25.00

2023 OCT 10 AH 6: 53

COVER LETTER

SUBJECT: Down Range Productions LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000172358 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

TO: Registration Section Division of Corporations

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. hereby res	iems as
Name of Registered Agent	ngns as
Registered Agent for Down Range Productions LLC	2023
	1023 OCT
Name of Limited Liability Company	3 5
L18000172358	A D
Document Number, if known	6: 53
A copy of this resignation was mailed to the above listed limited liability company at	its last known address.
The agency is terminated and the office discontinued on the 31st day after the date or	n which this statement is filed.
Signature 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 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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