L18000245590

(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

SUBJECT: AESIR CREATIVE LLC Name of Limi	ted Liability	Company
DOCUMENT NUMBER: L18000245590		
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to th	e 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, p	olease call:	
at Name of Person	800	773-0888
Name of Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

TO: Registration Section

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	ons of section 605.0115, Florida Statutes, the	undersigned.
United States Cor	poration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	· · · · · ·
Registered Agent for _	AESIR CREATIVE LLC	
	Name of Limited Liability Company	
L18000245590		
Document '	Number, if known	
	tion was mailed to the above listed limited liable ted and the office discontinued on the 31st day Signature of Resigning A	v after the date on which this statement is filed.
If signing on behalf of	`an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporati	on Agents, Inc.
	Unpacity	

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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