1900000354

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florid	la Statutes, the undersigned.
Heather Modre Name of Registered Agent	, hereby resigns as
	· -
Registered Agent for ESSCAHAL CULT	ture Podcast Network
Name of Limited Liabi	ility Company
L19000000354	
Document Number, if known	
A copy of this resignation was mailed to the above lis	sted limited liability company at its last known address.
The agency is terminated and the office discontinued	on the 31st day after the date on which this statement is filed.
Heather Mo	TALL AHASSSITE TO THE TOTAL TO THE TOTAL T
If signing on behalf of an entity:	rinted Name
Typed or Pr	rinted Name
Сарис	ity

withdrawn limited liability company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