## 19000069769

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## COVER LETTER '

SUBJECT: Write On The Money Entertainment, LLC Name of Limited Liabil	
DOCUMENT NUMBER: L19000069769	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Sarah Balen	
Name of Person	<del></del>
MyCompanyWorks, Inc.	
Name of Firm/Company	<del></del>
187 E. Warm Springs Rd., Suite B	
Address	_
Las Vegas, NV 89119	
City/State and Zip Code	<del></del>
filings@mycompanyworks.com	
E-mail address: (to be used for future annual report notification	
For further information concerning this matter, please call	;
Sarah Balen 702	362-2677 le Daytime Telephone Number
Name of Person Area Coo	le Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmliability company or \$25.00 for an administratively dissolliability company.	ent of State for \$85.00 for an active limited wed, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: STR	EET ADDRESS:

Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115	5, Florida Statutes, the under	signed,
Registered Agent Solutions, Inc.  Name of Registered Agent			hereby resigns as
Registered Agent for	Vrite On The Mone	y Entertainment, LLC	
<del></del>	Name of Lim	ited Liability Company	,
L19000069769			?
Document N	umber, if known		
A copy of this resignati	on was mailed to the a	bove listed limited liability of	company at its last known address.
The agency is terminate	ed and the office disco	·	the date on which this statement is filed
Signature of Resigning Agent			
If signing on behalf of a	•		
	Jennifer Peters	1 0 . (1)	
Typed or Printed Name Assistant Secretary of Registered Agent Solutions, Inc.			
		Capacity	
	FILING \$ 85.00	FEES: Active limited liability co	mpany
	\$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabilit	d/voluntarily dissolved/ y company

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