LIGCOC IIII 724

(Re	questor's Name)	 _
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u></u>		

Office Use Only



500352863305

16/62/36--01610--018 **28.60

2020 OCT -2 PM 3:31

ra 11/9/20

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MATT DUTIEL CREATIVE LLC	
Name of Limited Liability	y Company
DOCUMENT NUMBER: L19000111724	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
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	_
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:	
Jazmine Johnson 800	773-0888
Name of Person Area Code	Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provision	ons of section 605.0115, Florida Statutes, the unders	signed,	
United States Corporation Agents, Inc hereby r		hereby resigns as	
		nereby resigns as	
Registered Agent for	MATT DUTIEL CREATIVE LLC		
	Name of Limited Liability Company	.	_,
L19000111724			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liability co	ompany at its last known address	5.
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement	is filed.
	Signature of Resigning Agent		
If signing on behalf of an entity:		2020 OCT	
Cheyenne Moseley		001	
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	nte Inc	77
	Capacity	PH 3: 31 OF STATE SSEE, FL	O

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