119 000 214 688

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

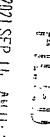
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SECRETARY OF SAME



COVER LETTER

SUBJECT: Tack Sharp Photography LLC Name of Limited Clabifity	v Company
DOCUMENT NUMBER: L19000214688	······································
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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:	
31.6	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provi	sions of section 605.0115, Florida Statutes, the unders	igned.	
United States Co	orporation Agents, Inc.	hereby resigns as	
	Name of Registered Agent	nereby resigns as	
Registered Agent for	Tack Sharp Photography LLC	·····	
	Name of Limited Liability Company	·	
L19000214688			
Documen	t Number, if known		
A copy of this resign	ation was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is termin	ated and the office discontinued on the 31st day after t	the date on which this statement is filed.	
	Signature of Resigning Agent	2021 SEP	1
If signing on behalf of an entity:		nii ii. — niimi	
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ager	nts, Inc.	
	Capacity	 :: 30	

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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