L20000085536

(Requestor's Name)				
(Address)				
,				
(6.13)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Samusa Sinn) Harrey				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

SUBJECT: KAYFABE BROTHER PRODUCT	TIONS LLO			
Name of Limited Liability Company				
DOCUMENT NUMBER: L20000085536				
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 n				
For further information concerning this matter, please call:				
Joyce Yi	800	773-0888 x7789 Daytime Telephone Number		
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:	STREE	REET ADDRESS:		
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605,0115. Florida Stat	utes, the undersigned.
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	
Registered Agent for KAYFABE BROTHER PRODU	JCTIONS LLC
Name of Limited Liability Co	mpany
L20000085536	
Document Number, if known	
A copy of this resignation was mailed to the above listed lir. The agency is terminated and the office discontinued on the	
Signature of Re	esigning Agent
If signing on behalf of an entity:	ij
Cheyenne Moseley	
Typed or Printed S	Name :
Asst. Secretary for United States C	Corporation Agents, Inc.
Capacity	21

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