## L20000145318

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	· · · ·
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	·
		i
<u>.                                    </u>		

Office Use Only



900403501769

2023 HAR 20 AM IO: 17 SEGRETARY OF STATE

023 HAR 20 AM 10: 1

Ra Risignation

JUN 01 2023 D CUSHING

## COVER LETTER

TO: Registration Section
Division of Corporations

THISTLE PHOTO CO. LLC
SUBJECT:

Name of Limited Liability Company DOCUMENT NUMBER: 1.20000145318 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Victoria Padron Name of Person ZenBusiness Inc. Name of Firm/Company 336 E. College Ave. Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Victoria Padron

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

	NTS INC.	, hereby resigns as	
	Name of Registered Agent	Hereby resigns to	
Registered Agent fo	г		
THISTLE PHOTO C	O. LLC		
	Name of Limited Liability Company	,	
1.20000145318			
Docume	nt Number, if known		
-	nation was mailed to the above listed limited nated and the office discontinued on the 31st	liability company at its last known address.  day after the date on which this statement is file	
			:d.
If signing an behalf	Signature of Resignin	ZO23 HA	
lf signing on behalf	Signature of Resigning of an entity:	2023 HAR 2	
lf signing on behalf	Signature of Resigning of an entity:  Registered Agents Inc. by David Roberts	2023 HAR 20 SECRETARY FALL FARA	
lf signing on behalf	Signature of Resignin of an entity:  Registered Agents Inc. by David Roberts  Typed or Printed Name		
If signing on behalf	Signature of Resigning of an entity:  Registered Agents Inc. by David Roberts	SECRETARY 20 AM 10:	

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