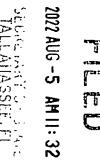
# 

(Address)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





08/05/22--01007--021 \*\*25.00



### COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Semblance Studios LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000212964	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	tions of section 605.0115. Florida Statutes, the under	signed,	
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company		
	, , , , , , , , , , , , , , , , , , , ,		
L20000212964			
Document	Number, if known		
	ation was mailed to the above listed limited liability of and the office discontinued on the 31st day after Signature of Resigning Agent		îled.
If signing on behalf o	f an entity:	<b>~</b>	
	Cheyenne Moseley	2022 AUG SHALLI	
	Typed or Printed Name		1 E
	Asst. Secretary for United States Corporation Age	ents, Inc.	Transmission of the last of th
	Capacity	LAMASSEE FI	MO
	FILING PEFS.	: 32	

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

\$ 85.00 \$ 25.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company