# L20000250559

(Re	questor's Name)	
(Äd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	,	,
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(Bu	siness Entity Nan	ne)
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Office Use Only



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DEC 1 8 2020 S. YOUNG

### **COVER LETTER**

SUBJECT: Name of Limited Liability	Company Company
DOCUMENT NUMBER: L20000250559	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitte
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	-
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn lin liability company.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

INHS17 (2/14)

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

Pursuant to the provisions	s of section 605.0115	, Florida Statutes, the under	rsigned,	
United States Corporation Agents, Inc.		hereby resigns as		
	Name of Registered Agen	t		
Registered Agent for Fra	ank&Frank Produ	ctions LLC	<u></u>	···
	Name of Limi	ited Liability Company		,
L20000250559				
Document Nun	iber, if known	<del></del>		
	and the office discor	bove listed limited liability ntinued on the 31st day after Signature of Resigning Agent		
	Cheyenne Moseley			21
	·	ped or Printed Name Inited States Corporation Ag	ents, Inc.	2020 NOV 16
	FILING \$ 85.00 \$ 25.00	Capacity  FEES:  Active limited liability of Administratively dissolve withdrawn limited liability.	ompany ed/ voluntarily diss- ity company	PH 2:

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