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(Re	equestor's Name)	
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### COVER LETTER

O: Registration Section Division of Corporations	
UBJECT: the new side productions LLC	
OCUMENT NUMBER: L20000307164	
he enclosed Resignation of Registered Agent for a Limited Liability Company and fee are su or filing.	bmitted
lease return all correspondence concerning this matter to the following:	
Inited States Corporation Agents, Inc.	
Name of Person	
egalzoom.com, Inc.	
Name of Firm/Company	
900 Spectrum Dr.	
Address	
ustin, TX 78717	
City/State and Zip Code	
aresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the unde	rsigned.	
United States Corporation Agents, Inc. , hereby a		, hereby resigns as	
		, hereby resigns as	
Registered Agent for	he new side productions LLC		
	Name of Limited Liability Company	·	
L20000307164			
Document N	lumber, if known		
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is fi	led
	Cell		
	Signature of Resigning Agent	7- 7	<u>ي</u>
If signing on behalf of an entity:			5099 LIV 2
	Cheyenne Moseley		Z
	Typed or Printed Name		2
	Asst. Secretary for United States Corporation Ag	ents, Inc.	Ť::
	Capacity		12: 35 35

Make checks payable to Florida Department of State and mail to: **Division of Corporations** 

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**FILING FEES:** \$ 85.00 Active \$ 25.00 Admi

P.O. Box 6327 Tallahassee, FL 32314