120000328250

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

Office Use Only

A. RIVERS NOV 1 6 2021



400375833884

11/01/21--01009--023 **25.00

221 For all PS 12: 45

COVER LETTER

SUBJECT: SunnyNight Productions LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000328250	
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:	
at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 605.011.	5. Florida Statutes, the unde	ersigned,			
United States Corporation Agents, Inc.		h sach a said assault				
Name of Registered Agent			. hereby resigns as			
Registered Agent for Sun	nyNight Produc	ctions LLC				_
	Name of Lim	ited Liability Company				·
L20000328250						
Document Number	er, if known					
A copy of this resignation v The agency is terminated ar — If signing on behalf of an er	nd the office disco					
	heyenne Mose	lev				
 -	Ty	ped or Printed Name nited States Corporation Ag Capacity	gents, Inc.	<u>.</u>	181 KBT - 1	
	FILING . \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily dissolv ity company	red/ - 1	P1112: 4.5	

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