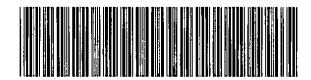
LZO 000351745

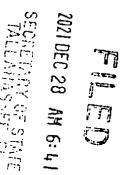
(Red	questor's Name)		
(Add	dress)		
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(City	y/State/Žip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to I	Filing Officer:		

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COVER LETTER

FO: Registration Section . Division of Corporations	
Overcast LLC SUBJECT: Name of Limited Liability Company	
DOCUMENT NUMBER: L20000351745	
The enclosed Resignation of Registered Agent for a Limited Liability Company an for filing.	d fee are submitted
Please return all correspondence concerning this matter to the 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:	
Name of Person Area Code Daytime Telephone N	
Name of Person at () Name of Person Area Code Daytime Telephone N	umber
Enclosed is a check made payable to the Florida Department of State for \$85.00 fo liability company or \$25.00 for an administratively dissolved, voluntarily dissolved liability company.	or an active limited d or withdrawn limited

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

INH\$17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statutes, tl	he undersigned.	2021 DEC 28 SEGRETAR SEGRETAR
United States Corpo	oration Agents, Inc.	, hereby resigns as	C 28 MI
	Name of Registered Agent	, nereby resigns as	
Registered Agent for O	vercast LLC		一
· · ·			- Till -
	Name of Limited Liability Company		
L20000351745			
Document Nu	mber, if known		
	n was mailed to the above listed limited l I and the office discontinued on the 31st o		
ŭ ,	Signature of Resigning		
If signing on behalf of ar	n entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corpora	ation Agents, Inc.	
	Capacity		

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

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