

120000366466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

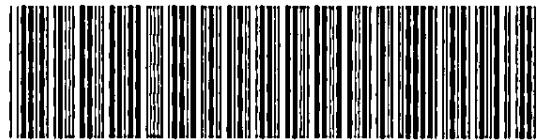
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Larimer Productions LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L20000366466

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

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 at (800) 773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

United States Corporation Agents, Inc. hereby resigns as

Name of Registered Agent

Registered Agent for Larimer Productions LLC

Name of Limited Liability Company

L20000366466

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Curt

Signature of Resigning Agent

If signing on behalf of an entity:

Cheyenne Moseley

Typed or Printed Name

Asst. Secretary for United States Corporation Agents, Inc.

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED

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Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314