

h21000025289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

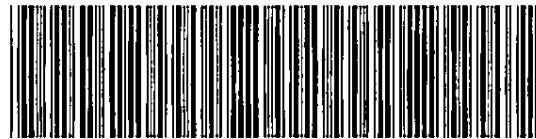
(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 20 PM 3:09

SECURITY STATE
TALLAHASSEE, FL

cf 5/26/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kuppokreative, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ryan Scott
(Contact Person)

N/A
(Firm/Company)

531 Evergreen Way
(Address)

Stockbridge, GA 30281
(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Scott at (901) 364-7223
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee (out of \$87.50 already sent) ☐ \$55 Filing Fee & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



RECEIVED

2022 MAY 20 AM 8:00

FLORIDA DEPARTMENT OF STATE

Division of Corporations
TALLAHASSEE, FL

March 16, 2022

RYAN SCOTT
6820 MCNEIL STREET
PENSACOLA, FL 32506

SUBJECT: KUPPOKREATIVE, LLC
Ref. Number: L21000025289

We have received your document for KUPPOKREATIVE, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Our records show Ryan C Scott as the authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 222A00006239



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

2022 MAY 20 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FL

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Kuppokreative, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L21000025289

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/14/22

4. I, Ryan Scott, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Representative
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)