210000 43291

(Requ	estor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Busin	ess Entity Name)
(Docui	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:

Office Use Only



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2024 JUN 12 PM 12: 58

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Clark's Dance Manageme	
DOCUMENT NUMBER: L21000043291	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 under	signed,	
United States Corporation Agents, Inc. Name of Registered Agent		hereby resigns as	
	Name of Limited Liability Company		
L21000043291			
Document N	umber, if known		
	ed and the office discontinued on the 31st day after Tik Trutlein Signature of Resigning Agent		led.
If signing on behalf of a		-1 22	
ii sigiinig on benan or a	Erik Treutlein	TALLAHASSEI	77
	Typed or Printed Name	—— AS	
	Vice President for United States Corporation Age	ins, inc.	
	Capacity	PM 12: 58 OF STATE E. FLORIDA	

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

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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00