

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000609014

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : RASI
Account Number : I202200000023
Phone : (800)221-2972
Fax Number : (917)243-5843

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION
SAG STUDIO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

RECEIVED

2023 JUL 21 PM 12:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUL 21 PM 5:28

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
*Division of Corporations

SUBJECT: SAG STUDIO, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000069014

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:

TRACEE COTTON

Name of Person

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name of Firm/Company

100 WALL STREET, SUITE 1401

Address

NEW YORK, NY 10005

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACEE COTTON

888

989-9589

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JOSE MOJICA

Name of Registered Agent

, hereby resigns as

Registered Agent for SAG STUDIO LLC

Name of Limited Liability Company

L21000069014

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.



Signature of Resigning Agent

If signing on behalf of an entity:

JOSE MOJICA

Typed or Printed Name

REGISTERED AGENT

Capacity

APPROVED
AND
FILED
2023 JUL 21 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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