

121000142172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

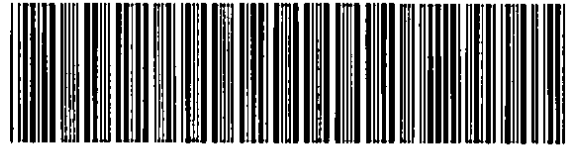
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
JULIA A. BROWN

RA Resignation

JUN 21 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VARIEATERY LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000142172

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:

Rodger Reiter

Name of Person

Viral Branding Group LLC

Name of Firm/Company

233 S Federal Highway, Suite 108

Address

Boca Raton, FL 33432

City/State and Zip Code

rodger@viralbrandinggroup.com

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

For further information concerning this matter, please call:

Rodger Reiter

at (561) 866-9725

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2022 APR 25 PM 3:40
 STATE OF FLORIDA
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Yonel Aris _____, hereby resigns as
Name of Registered Agent

Registered Agent for VARIEATERY LLC

Name of Limited Liability Company

L21000142172

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.

DocuSigned by:

Yonel Aris

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2022 APR 25 PM 3:40

FILED

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