121000291325

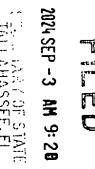
(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· ——
Special Instructions to Filing Officer:
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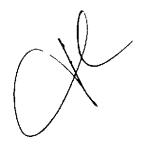
Office Use Only



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09/03/24--01042--006 **25.00





COVER LETTER

Duende Studios LLC			
SUBJECT: Name of Limited Liability	Company		
DOCUMENT NUMBER: 1.21000291325			
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are sul	bmitted	
Please return all correspondence concerning this matter to the	he following:		
Ryan Potter			
Name of Person			
ZenBusiness Inc.			
Name of Firm/Company			
336 E. College Ave. Suite 301			
Address		~	
Tallahassee, FL 32301		2024 SEP -3	īħ
City/State and Zip Code	·	7	# C
ra@zenbusiness.com	HAS		7
E-mail address: (to be used for future annual report notification)	Section		
For further information concerning this matter, please call:	TE TO	AM 9: 20	
Ryan Potter 844 at (493-6249	6	
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provisi	ons of section 605.0115, Florida 5	Statutes, the undersigned,		
REGISTERED AGENT	'S INC.	, hereby resigns as		
	Name of Registered Agent	, incresy testigns us		
Registered Agent for _				
Duende Studios LLC				
	Name of Limited Liability	y Company	·	
1.21000291325				
Document l	Sumber, if known	$c_{\mathbb{C}}$	2024	
A copy of this resignat	ion was mailed to the above listed	d limited liability company at its last known add		
The agency is terminal	ed and the office discontinued on	the 31st day after the date on which this staren	ıenlis filed.	
	Javid X Signature	DOLLS SEGMENT	AH 9: 28	
If signing on behalf of	an entity:		*	
	David Roberts			
	Typed or Print	ted Name		
	Assistant Secretary			
	Capacity			

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company