L21000311389

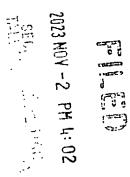
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Object Press LLC	
Name of Limited Liability C	Company
DOCUMENT NUMBER: L21000311389	<u>.</u>
The enclosed Resignation of Registered Agent for a Limited L for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	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 (800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115, Flor	ida Statutes, the undersig	ned.			
United States Corporation Agents, Inc.			reby resigns as			
	Name of Registered Agent	,	reo, resigns as			
Registered Agent for	Object Press LLC					
	Name of Limited Lia	bility Company				,•
L21000311389						
Document	Number, if known					
A copy of this resigna	tion was mailed to the above I	isted limited liability com	npany at its last	known ac	ddress.	
The agency is termina	ted and the office discontinued	d on the 31st day after the	date on which	this state	ment is	i filed.
If signing on behalf of	an entity:			===	25	
	Cheyenne Moseley			71.C	7023 NOV	
	Typed or	Printed Name			AO,	الل
	Asst. Secretary for United S	States Corporation Agents	, Inc.		-2	1
	Capa	eity			PH	T
	\$ 25.00 Adm	<u>:</u> ve limited liability compa inistratively dissolved/ v idrawn limited liability co	oluntarily disso	olved/	ነ կ։ 02	المنتار المنتار

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