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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Storyboards Aidala LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000404650	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
Name of Person at (Area Code	773-0888)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.011	5, Florida Statutes, the unde	ersigned.		
United States Corporation Agents, Inc.		nc.	harabu rasiana aa		
	Name of Registered Age	ent	, hereby resigns as		
Registered Agent for S	toryboards Aidala	LLC			
	N	A 11: 195 G			
	Name of Lin	nited Liability Company			
L21000404650					
Document No	umber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last known	address.	
		ontinued on the 31st day after			
If signing on behalf of a	n entity:				
	Cheyenne Mose	eley			
	7	yped or Printed Name			
	Asst. Secretary for U	Inited States Corporation Age	ents, Inc.		
		Capacity		· 2	
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany d/ voluntarily dissolved/ ty company	[] [] [] [] [] [] [] [] [] []	

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