L 310004 33384

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

Office Use Only



600423782286

02/14/24--91900--918 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Spanglish Video Distribution	on LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000422284	
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:	
at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Florida Statutes, the undersi	igned.
United States Cor	poration Agents, Inc.	hereby resigns as
	Name of Registered Agent	refer resigns as
Registered Agent for	Spanglish Video Distribution LLC	
	Name of Limited Liability Company	,
L21000422284		
Document l	Number, if known	
	tion was mailed to the above listed limited liability co ted and the office discontinued on the 31st day after the	
	Signature of Resigning Agent	
If signing on behalf of an entity:		· · · · · · · · · · · · · · · · · · ·
	Cheyenne Moseley	•
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	its, Inc.
	Capacity	•

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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