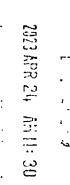
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### COVER LETTER

Division of Corporations GOLDY PRODUCTIONS, LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L21000535127 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: Leticia Herrera Name of Person PARACORP INCORPORATED Name of Firm/Company 2804 GATEWAY OAKS DRIVE #100 Address SACRAMENTO, CA 95833 City/State and Zip Code lburleson@myparacorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leticia Herrera Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 605.0115, Florida Statutes, the undersigned.		
PARACORP INCORPORATED, hereby resign		zns as	
	Name of Registered Agent	,	
Registered Agent for	SOLDY PRODUCTIONS, LLC		<del>-</del>
	Name of Limited Liability Company		<b></b> '
L21000535127			
Document No	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liability company at i	ts last known address	٠.
The agency is terminate	ed and the office discontinued on the 31st day after the date on	which this statement	is filed.
	QU		
	Signature of Resigning Agent	/ ×	2
If signing on behalf of an entity:		-	ś
	Jody Moua	2023 AFR	
	Typed or Printed Name	<del>†</del>	<u>}</u>
	ASST. SECRETARY FOR PARACORP INCOF	<b>-</b>	
	Capacity		·
		i	) ;
	FILING FEES:  \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntaril withdrawn limited liability company	y dissolved/	

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