K22000025246

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

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Ra Rosignation

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Rushh Media LLC Name of Limited Liability C	Company	
DOCUMENT NUMBER: L22000025246		
The enclosed Resignation of Registered Agent for a Limited I for filing.	Liability Company and fee are subr	nitted
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	,	262
E-mail address: (to be used for future annual report notification)		1. TESS 1. T. S.
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 liability company or \$25.00 for an administratively dissolved, liability company.	of State for \$85.00 for an active fin voluntarily dissolved or withdraw	ن Aited

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	ns of section 605.0115. Florida S	tatutes, the undersigned,				
United States Corp	oration Agents, Inc.	hereby	resigns as			
	Name of Registered Agent	, , nereby	76915110 40			
Registered Agent for _	ushh Media LLC					
					-	
	Name of Limited Liability	Company			-'	
L22000025246						
Document N	ımber, if known					
A copy of this resignati	on was mailed to the above listed	limited liability company	v at its last known ad	dress.		
	d and the office discontinued on Signature of	Resigning Agent		nem i	3 1110	.d.
If signing on behalf of a	n entity:		<i>r</i>	707	900 900	
	Cheyenne Moseley			- 21	3 4 5	51 1 T
	Typed or Printe	d Name			<	
	Asst. Secretary for United State	s Corporation Agents, Inc.	<u>. </u>	; c	31	
	Capacity			. :	-:	
	FILING FEES:				رر دی <u></u>	<i>اس</i>
	\$ 25.00 Administ	nited liability company ratively dissolved/ volun in limited liability compa	tarily dissolved/ any			

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