# L22000254623

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: ANT FARM MEDIA LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L22000254623	
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 th	e 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:	
800	773-0888 )
Name of Person at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.011:	5. Florida Statutes, the unders	signed,	
United States Corporation Agents, Inc.		c	, hereby resigns as	
Name of Registered Agent				
Registered Agent for A	NT FARM MEDIA	LLC		
	Name of Lim	ited Liability Company	,	
L22000254623				
Document Nu	imber, if known	<del></del>		
A copy of this resignation	on was mailed to the a	above listed limited liability c	company at its last known address.	
The agency is terminate	d and the office disco	ontinued on the 31st day after	the date on which this statement is filed.	
		Signature of Resigning Agent		
If signing on behalf of a	in entity:			
<b>.</b>	Cheyenne Mose	eley	:	
	Typed or Printed Name			
	Asst. Secretary for U	United States Corporation Age	ents, Inc.	
		Capacity		
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liability	mpany d/ voluntarily dissolved/ ty company	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