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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

<sub>subject:</sub> Monochrome Paintbrush L		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L22000367453	<del></del>	
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	SE SE	2024
9900 Spectrum Dr.	A-C	2021 JUH 21 RH 9: 53
Address		2
Austin, TX 78717	(A)) (A) (B)	
City/State and Zip Code		<u>်</u> က
raresignations@legalzoom.com	ـــــــــــــــــــــــــــــــــــــ	ရှိ ယ်
E-mail address: (to be used for future annual report notification)	-	
For further information concerning this matter, please call:		
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

dersigned,
_ , hereby resigns as
_ , hereby resigns as
<del></del>
y company at its last known address.
ter the date on which this statement is filed
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2024 JUN 2 SECRETAL
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igents, Inc.
agents, Inc.
1

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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