L22000473499

(Req	uestor'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:			
	JOHNE		
	GCT 1 2023)	
	 -		

Office Use Only



000415965940

09/22/23--01003--004 **2955.00



COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: 1.22000473499	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Travis Crabtree	
Name of Person	•
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	
3 Greenway Plaza #1320	
Address	
Houston, TX 77046	
City/State and Zip Code	
samuel.balseiro7@gmail.com	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888 at (534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

A 85.00

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 605.0115, Florida Statutes, the u	ndersigned,
LegalCorp Solutions, LLC		, hereby resigns as
Na	une of Registered Agent	
Registered Agent for FOM	O PRODUCTIONS LLC	
	Name of Limited Liability Company	
1.22000473499		
Document Numb	er, if known	
A copy of this resignation v	was mailed to the above listed limited liabi	lity company at its last known address.
The agency is terminated a	nd the office discontinued on the 31st day a	after the date on which this statement is filed
_	Signature of Resigning Age	
If signing on behalf of an e	ntity:	2023 SEP SECRET
Ti	ravis Crabtree	
_	Typed or Printed Name	
<u>M</u>	ember	
	Capacity	. 59

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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