L23000 115 885

(Requestor'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:				

Office Use Only



500431759625

06/21/24--01004--025 ++25.00

2024 JUN 21 PH W 32 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Studio Miss Sea LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L23000115885	
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:	
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:	
at (800)773-0888	
Name of Person at () Area Code Daytime Telephone Number.	- ;
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited is liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.	ar ed

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 provis	ions of section 605.0115, Florida Statutes, the unde	ersigned,	
United States Coa	rporation Agents, Inc.	_ , hereby resigns as	
	Name of Registered Agent		
Registered Agent for	Studio Miss Sea LLC		
	Name of Limited Liability Company	,	
L23000115885			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liability	company at its last known address.	
The agency is termina	ted and the office discontinued on the 31st day afte	er the date on which this statement is filed.	
	Crik Treutlein		
	Signature of Resigning Agent	2027 SE	
If signing on behalf of	an entity:	TALL	
	Erik Treutlein	AAA	
	Typed or Printed Name	5 P 1	
	Vice President for United States Corporation Ag	ents, Inc.	
	Capacity	2024 JUH 21 PM 4: 32 SECRETARY OF STATE STALLAMASSEEF, FL.	

Make checks payable to Florida Department of State and mail to:
Division of Corporations

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES: \$85.00 Active \$25.00 Admi

P.O. Box 6327 Tallahassee, FL 32314