L23000200020

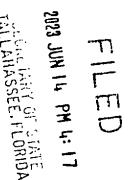
(R	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Simone Nicole TV LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000200020	
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	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 at (773-0888) Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the unde	ersigned,
United States Corporation Agents, Inc		, hereby resigns as
		, ,
Registered Agent for	Simone Nicole TV LLC	
	Name of Limited Liability Company	<u> </u>
L23000200020		
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 after	er the date on which this statement is filed.
If signing on behalf of	Signature of Resigning Agent	2023 JUN 14 PM 4: 1 TALLAHASSEE. FLORI gents, Inc.
		A T
	Cheyenne Moseley	SE F
	Typed or Printed Name Asst. Secretary for United States Corporation A	gents, Inc.
	Capacity	TAIL ORID

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