

L23000298948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

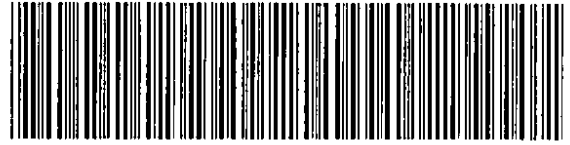
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600411275686

06/28/23--01012--001 **170.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUN 28 PM 12:46

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TNTPRODUCTIONS DR LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 123000298948

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:

Brittney Fulghum

Name of Person

LEGALCORP SOLUTIONS, LLC

Name of Firm/Company

3 Greenway Plaza Ste 1320

Address

Houston, TX 77046

City/State and Zip Code

sandman30093@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittney Fulghum

Name of Person

at (888)
Area Code

534-3018

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

LEGALCORP SOLUTIONS, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for TNTPRODUCTIONS DR LLC

Name of Limited Liability Company

1.23000298948

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Travis Crabtree

Typed or Printed Name

Member

Capacity

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

FILED
2023 JUN 28 PM 12:46
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA