# L23000487107

(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:		
lumils		





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17/31/24--11/21--12- \*\*L +42



### **COVER LETTER**

SUBJECT: Suika Studios LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L23000487107	
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	
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 (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provisions of section 605.0115, Florida Statutes, the under	ersigned.
United States Corporation Agents, Inc.	. hereby resigns as
Name of Registered Agent	. Hereby resigns us
Registered Agent for Suika Studios LLC	
Name of Limited Liability Company	·
L23000487107	2021 33
Document Number, if known	Ş-i
A copy of this resignation was mailed to the above listed limited liability	- m
The agency is terminated and the office discontinued on the 31st day afte	
Crip Treutlein	9: 32
Signature of Resigning Agent	
If signing on behalf of an entity:	
Erik Treutlein	
Typed or Printed Name	<del></del>
Vice President on behalf of United States Corporation A	Agents, Inc.
Capacity	

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314