

m1700000 6365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

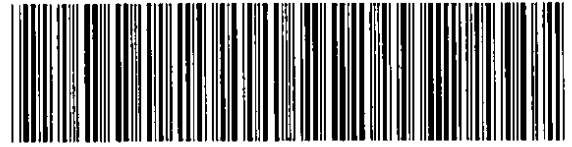
(Document Number)

Certified Copies _____ Certificates of Status _____

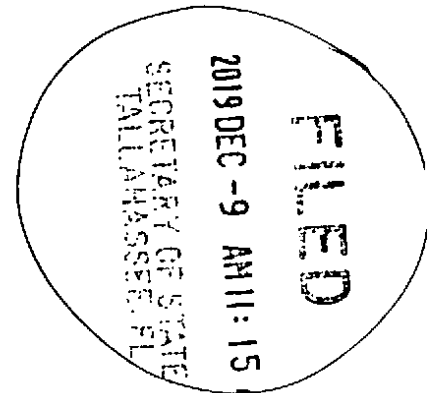
Special Instructions to Filing Officer:

dissociation filed on
12/9/19 was filed with
registered agent on it
and it should not
have been. Filing
this a no charge
back dating to 2019.

Office Use Only



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6/26/23

JUN 26 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Trick Pony, LLC.

Name of Limited Liability Company

DOCUMENT NUMBER: M17000006365

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:

John Tsapakis

Name of Person

Name of Firm/Company

22007 Altona Drive

Address

Boca Raton, Florida 33428

City/State and Zip Code

jtsap3@gmail.com

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

For further information concerning this matter, please call:

John Tsapakis

786

333-6457

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

FILED
2019 DEC -9 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

John Tsapakis

hereby resigns as

Name of Registered Agent

Registered Agent for One Trick Pony, LLC

Name of Limited Liability Company

M17000006365

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 document is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

John Tsapakis

Typed or Printed Name

Registered Agent

Capacity

FILED
2019 DEC -9 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FL

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