M1700007222

		(Re	equestor's Name)
<u> </u>		(Ád	ddress)	<u></u>
		(Ac	idress)	
_		(Čí	ty/State/Zip/Phor	ne #)
	D P	ICK-UP	MAIT	MAIL
		(Bu	usiness Entity Na	ame)
		(Do	ocument Numbe	r)
Cert	ified Copie	es	Certificate	es of Status
Sp	ecial Instr	uctions to	Filing Officer:	

Office Use Only



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Sharah Name Or Share
Tallahassee, Florida

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FILAMENT GAMES, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: M17000007222	
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:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provision	ons of section 605.011	Florida Statutes, the under	signed.			
United States Corporation Agents, Inc hereby resignation.						
Name of Registered Agent						
Registered Agent for	ILAMENT GAMES	S, LLC				_
	Name of Lim	ited Liability Company				-•
M17000007222						
Document No	umber, if known					
A copy of this resignate	on was mailed to the a	above listed limited liability c	ompany at its las	t known a	ddress.	
		ntinued on the 31st day after Signature of Resigning Agent				
lf signing on behalf of a	n entity:			TÃL	2023 SEP 15	
	ley		LAHASSEE.	SET	11	
	Typed or Printed Name			IAS:	75	
	Asst. Secretary for United States Corporation Agents, I			m _C		, III
		Capacity		FLORIDA	AM 8: 27	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	l/voluntarily diss			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314