M230000138 29

(Reque	stor's Name)	
(Addres	s)	
(Addres	-s)	
/City/St	ate/Zip/Phone #	
City/St	ate/£ip/Filone #	1
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
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	- 4 blb - 3	
(Oocum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	a Officer:	
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Office Use Only



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2024 DEC 16 PM 3: 07 SECRETARY OF STATE TALLAHASSES, FL

a recording



1883 W. Royal Hunte Dr. Ste 200 Cedar City, UT 84720 Abby Rosengren
Service Specialist
abbyy@mainstreetbusiness.com
Phone 435-288-0922

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 December 9, 2024

Re: Registered Agent Resignation

Florida Secretary of State

Effective immediately, please file my resignation for the following entities:

Fun Addictz, LLC
PMG Capital Solutions LLC
Custom Wine Cellar Construction LLC

2024 DEC 16 PH 3: 07 SECRETARY OF SINAR

Copies of these resignations were mailed to the above-listed limited liability companies at their last

If you find the enclosed documents acceptable, please note your acknowledgment of receipt on the copies and return them to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

known address.

Abby Rosengren Service Specialist

MAIN STREET BUSINESS SERVICES, LLC

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	JECT: Name of Limited Liability Company			
חחכ	UMENT NUMBER: M23000013829			
DOC	UNIENT NUMBER:			
The e for fil	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are ing.	sub	mitted	İ
Please	e return all correspondence concerning this matter to the following:			
Abby	Rosengren			
	Name of Person			
Main S	Street Business Services, LLC			
	Name of Firm/Company			
1883 \	W Royal Hunte Dr. Ste. 200			
	Address	co Ch	202	
Cedar	City, UT 84720	CRE!	2024 DEC	-
	City/State and Zip Code		910	, aven.
abby@	mainstreetbusiness.com	: ⊊	5 꽃	; ====================================
Е	-mail address: (to be used for future annual report notification)	(I)	<u> </u>	ست. نیس ا
For fu	erther information concerning this matter, please call:	医两	3: 07	
Abby I	Rosengren 435 288 0922 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)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the	e undersigned.			
REGISTERED AGENT SOLUTIONS, INC.	haraha rasiana as			
Name of Registered Agent	, hereby resigns as			
Registered Agent for Fun Addictz, LLC				
Name of Limited Liability Company		·		
M23000013829				
Document Number, if known				
A copy of this resignation was mailed to the above listed limited lia	bility company at its last known addr	ess.		
The agency is terminated and the office discontinued on the 31st da	y after the date on which this stateme	nt is filed.		
Signature of Resigning A If signing on behalf of an entity: Ryan DeAnda Typed or Printed Name Asst. See	ECRETARY TALLAHAS	2024 DEC 16 PH		

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the	: undersigned,
REGISTERED AGENT SOLUTIONS, INC.	, hereby resigns as
Name of Registered Agent	, nereby resigns as
Registered Agent for Fun Addictz, LLC	
Name of Limited Liability Company	
M23000013829	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited lia	bility company at its last known address.
The agency is terminated and the office discontinued on the 31st day	y after the date on which this statement is filed.
If signing on behalf of an entity: Ryan De Anda Typed or Printed Name Asst. Sec. Registered Agen Capacity	FERETARY TALLAHAS

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