

P2100092850

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2024 JUL 12 PM 1:02

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MYLLC.COM, INC.
Account Number : I20130000077
Phone : (888)886-9552
Fax Number : (888)776-9552

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Compliance@myllc.com

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2024 JUL 12 AM 11:30

LLC REGISTERED AGENT RESIGNATION
LAKEVIEW PRODUCTIONS INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMMON
JUL 15 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKEVIEW PRODUCTIONS INC.

Name of Limited Liability Company

DOCUMENT NUMBER: P20000004980

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:

Courtnei Goff

Name of Person

Mylle.com

Name of Firm/Company

1910 Thomas Ave

Address

Cheyenne Wy 82001

City/State and Zip Code

compliance@mylle.com

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

For further information concerning this matter, please call:

Courtnei Goff

Name of Person

at

888

Area Code

886-9552

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

INCRP SERVICES, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for LAKEVIEW PRODUCTIONS INC.

Name of Limited Liability Company

P20000004980

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.

Courtnei Goff

Signature of Resigning Agent

If signing on behalf of an entity:

Courtnei Goff

Typed or Printed Name

Authorized Signer

Capacity

FILING FEES:

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withdrawn limited liability company

4-5-2012 12:11:02
 FILED
 40

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