

218 000 196529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

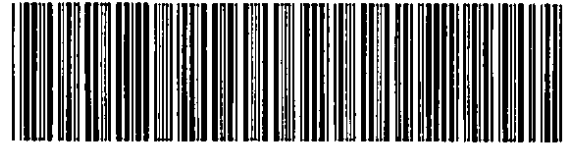
(Document Number)

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2021 NOV 19 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Demand Labs, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000196529

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:

Todd Dambach
Name of Person

Name of Firm/Company

8575 Somerset Dr. Suite A.
Address

Largo, FL 33773
City/State and Zip Code

todd@eaglelabsinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Dambach at (813) 465-4004
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

FILED

NOV 19 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FL

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

Conner Interactive, LLC, hereby resigns as

Name of Registered Agent

Registered Agent for Demands Labs, LLC

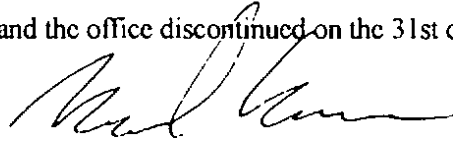
Name of Limited Liability Company

L18000196529

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Michael Conner

Typed or Printed Name

President

Capacity

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**