

L18000199843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

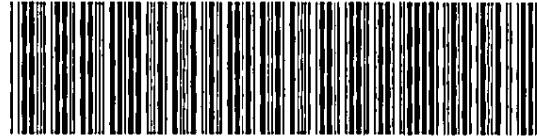
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700352055777

10/22/20--01003--015 ++25.00

2020 OCT 22 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

12/2/20

Ar

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DR3AM VISION LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000199843

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:

United States Corporation Agents, Inc.
Name of Person

LegalZoom.com, Inc.
Name of Firm/Company

101 North Brand Blvd. 11th Floor
Address

Glendale, CA 91203
City/State and Zip Code

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

For further information concerning this matter, please call:

Joyce Yi at (800) 773-0888 x7789
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY

2020 OCT 22 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FL

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

United States Corporation Agents, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for DR3AM VISION LLC

Name of Limited Liability Company

L18000199843
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:

Cheyenne Moseley

Typed or Printed Name
Asst. Secretary for United States Corporation Agents, Inc.

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