L11 000044350

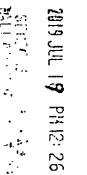
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State/21p/1 Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Y SULKER
JUL 2 6 2019

COVER LETTER

SUBJECT: DIMIRC LLC		
SUBJECT:	Limited Liability	Company
DOCUMENT NUMBER: L11000044350		
The enclosed Resignation of Registered Age for filing.	nt for a Limited	I Liability Company and fee are submitted
Please return all correspondence concerning	this matter to th	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	<u>-</u>	
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matte	er, please call:	
Janna Pantoja	1 800	773-0888 x3950
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the un	dersigned,			
United States Corporation Agents, Inc.		, hereby resigns as	hereby resigns as		
	Name of Registered Agent				
Registered Agent for D	IMIRC LLC				
	Name of Limited Liability Company				,
L11000044350					
Document Nu	ember, if known				
A copy of this resignation	on was mailed to the above listed limited liabili	ty company at its last k	nown a	ddress.	
The agency is terminate	d and the office discontinued on the 31st day at	fter the date on which th	nis state	ement is	s filed.
	Signature of Resigning Agen	nt		2019 JUL	•••
If signing on behalf of a	n entity:		; ;	. <i>[</i> 9	Wittenson Pleasure
	Cheyenne Moseley			PH	
	Typed or Printed Name		37	<u>'5</u>	
	Asst. Secretary for United States Corporation	Agents, Inc.	**	و ج:	
	Capacity				
	·				
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively dissolution withdrawn limited liab	lved/ voluntarily dissol	ved/		

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