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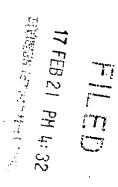
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DRSN LLC Name of Limited Liability Company DOCUMENT NUMBER: L1200037224
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:
Amanda Lama Salis Name of Person
Name of Firm/Company
17330 SW 149 LANE
MiAmi Fl. 33187 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amanda Lama Salis at (305) 401-2299 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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 provisions of section 605.0115	o, Florida Statutes, the und	iersignea,	
Amanda LAMA	Salis	_ , hereby resigns as	
Name of Registered Agen	t		
Registered Agent for DR5N	LLC		
Numa of Lim	ited Liability Company		,
Name of Little	ned Elability Company		
L12000037224 Document Number, if known			
A copy of this resignation was mailed to the a	bove listed limited liabilit	y company at its last known	n address.
The agency is terminated and the office discor	ntinued on the 31st day af	ter the date on which this st	tatement is filed.
		_	
& morde	Signature of Resigning Agen		
If signing on behalf of an entity:	Λ ,	C 1.	
Amau	da LAMA.) A/K5	er Error
T	yped or Printed Name		
			TI B TI
	Capacity		<u> </u>
			R F U
FILING	FRES:		
\$ 85.00	Active limited liability	company	⇒ N
\$ 25.00	withdrawn limited liab	lved/voluntarily dissolved pility company	,

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