L13000079727

(Requestor's Name)	
(Address)	30035
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	10/20/01
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L13000079727	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jazmine Johnson at (800 Name of Person Area Code	773-0888
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: STREI	ET ADDRESS:

Tallahassee, FL 32314

Registration Section Division of Corporations

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

P.O. Box 6327

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115.	Florida Statutes, the undersigned	•	
United States Corp	oration Agents, Inc	. hereb	y resigns as	
	Name of Registered Agent		Ü	
Registered Agent for D	ion Consulting LLC			_
	Name of Limit	ed Liability Company		_ `
L13000079727				
Document Nu	imber, if known			
A copy of this resignation	on was mailed to the ab	ove listed limited liability compar	ny at its last known address	š.
The agency is terminate	d and the office discon	tinued on the 31st day after the da	te on which this statement	is filed.
	Clil			
		Signature of Resigning Agent		
If signing on behalf of a	n entity:			
	Cheyenne Mosel	ey		
Typed or Printed Name				
	Asst. Secretary for U	nited States Corporation Agents, Ir	ic.	
		Capacity		
FILING FEES:				
	\$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/ vol- withdrawn limited liability con-	untarily dissolved/ 📑 🦠	

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