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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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COVER LETTER

SUBJECT:	C
Name of Limited Liability	Company
DOCUMENT NUMBER: L13000120402	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
800 at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

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 Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	, , , , , , , , , , , , , , , , , , , ,
Registered Agent for D	EAR RAIN LLC	
	Name of Limited Liability Company	,
L13000120402		
Document Ne	imber, if known	
	on was mailed to the above listed limited liab d and the office discontinued on the 31st day Signature of Resigning A	after the date on which this statement is filed.
If signing on behalf of a	in entity:	
Cheyenne Moseley		
Typed or Printed Name		
	Asst. Secretary for United States Corporation	on 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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