# 114000025578

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	City/State/Zip/Phone #	)			
PICK-UP	☐ WAIT	MAIL			
(B	Business Entity Name)	)			
(Document Number)					
Certified Copies	Certificates of	f Status			
Special Instructions to Filing Officer:					





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### **COVER LETTER**

SUBJECT: Diveln Software, L.L.C.	of Limited Liability	Company	
DOCUMENT NUMBER: L140000255	578		
The enclosed Resignation of Registered A for filing.	Agent for a Limited	Liability Company and fee are submi	tted
Please return all correspondence concerni	ing this matter to th	e following:	
United States Corporation Agents, In-	C.		
Name of Person	, <u> </u>		
Legalzoom.com, Inc.			
Name of Firm/Company	,		
9900 Spectrum Dr.			
Address			
Austin, TX 78717			
City/State and Zip Code			
E-mail address: (to be used for future annua	il report notification)		
For further information concerning this n	natter, please call:		
Janna Pantoja	1 800	773-0888 x3950 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	

#### MAILING ADDRESS:

liability company.

TO: Registration Section

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 605.011	5. Florida Statutes, the under	rsigned,			
United States Corporation Agents, Inc.		nc.	, hereby resigns as			
Name of Registered Agent						
Registered Agent for D	iveln Software, L.	.L.C.		<del></del>		
	Name of Lin	nited Liability Company				
L14000025578						
Document Nu	mber, if known	<del></del>				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last l	known ac	ddress.	
The agency is terminated	d and the office disco	ontinued on the 31st day after	the date on which	this state	ment is	i filed.
	CU	Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	Cheyenne Mose	eley				
	ï	Typed or Printed Name		SE SE	2018	
	Asst. Secretary for U	United States Corporation Age	ents, Inc.		3 10	<u></u>
		Capacity	·		2018 HOV 13	
				121 v 17		; []]
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany d/ voluntarily disse ty company	izi Silik otvegi/	PM 2: 05	Ü

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