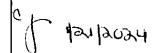
# L14000047033

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Cil	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(BL	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



600420519406

12/22/23--01024--012 \*\*25.00



#### **COVER LETTER**

- TO: Registration Section
Division of Corporations

..

SUBJECT: DLG LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L14000047033	
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	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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

United States Co	prporation Agents, Inc.	, hereby resigns as
	Name of Registered Agent	, 0
Registered Agent for	DLG LLC	
Ç C		
	Name of Limited Liability Company	······································
L14000047033		
	Number, if known	
	Transper, it known	
	ation was mailed to the above listed limited liability of	company at its last known address.
A copy of this resign		
A copy of this resign	ation was mailed to the above listed limited liability o	the date on which this statement is
A copy of this resign	ation was mailed to the above listed limited liability of ated and the office discontinued on the 31st day after	the date on which this statement is
A copy of this resign	ation was mailed to the above listed limited liability o	
A copy of this resign The agency is termin	ation was mailed to the above listed limited liability of ated and the office discontinued on the 31st day after  Signature of Resigning Agent	the date on which this statement is
A copy of this resign The agency is termin	ation was mailed to the above listed limited liability of ated and the office discontinued on the 31st day after  Signature of Resigning Agent	the date on which this statement is 2023   1.7. 22
A copy of this resign The agency is termin	ation was mailed to the above listed limited liability of ated and the office discontinued on the 31st day after  Signature of Resigning Agent of an entity:	the date on which this statement is 2023   1.7. 22
A copy of this resign	ation was mailed to the above listed limited liability of ated and the office discontinued on the 31st day after  Signature of Resigning Agent  of an entity:  Cheyenne Moseley	the date on which this statement is

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