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TALLAHASSEE, FLORIDA

FILED

COVER LETTER

Division of Corporations	
Dalya Irrigation LLC	
SUBJECT:	
Name of Limited Liabi	lity Company
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Lim for filing.	ited Liability Company and fee are submitted
Please return all correspondence concerning this matter t	o the following:
Zafer Kayan	
Name of Person	
Dalya Irrigation LLC	
Name of Firm/Company	<u> </u>
5527 N. Military Trail, Apt. 1413	
Address	
Boca Raton, FL 33496	
City/State and Zip Code	
kayanzafer@gmail.com	
E-mail address: (to be used for future annual report notificatio	<u>n)</u>
For further information concerning this matter, please ca	II:
Zafer Kayan 508	859-0539
Name of Person at (at (ode 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

TO: Registration Section

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the under	rsigned,			
Becker & Associates, P.A	A, hereby resigns as					
	Name of Registered Age			-		
D. Registered Agent for _	alya Irrigation LLC					_
	Name of Lir	mited Liability Company				
L15000024255						
Document N	umber, if known					
A copy of this resignati	on was mailed to the	above listed limited liability of	company at its last	t known	addres	s.
The agency is terminate	ed and the office disco	ontinued on the 31st day after	the date on which	this stat	lement	is filed
	- BoDan	Signature of Resigning Agent				
		Signature of Resigning Agent				
If signing on behalf of a	an entity:				~3	
	Brian G. Becker, Esq			ALL	024	وتسويش
	President	Typed or Printed Name		LAHASSEE.	N N	——————————————————————————————————————
	-	Capacity		SSEI	00	
		1 1 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			₽.	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily diss ty company	STAFLORIDA solved	2024 JUN 20 PM 12: 01	