# L150000 89305

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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

Areas USA DIA. LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L15000089305	
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	ne following:
RESIGNATIONS DEPARTMENT	
Name of Person	
CORPORATION SERVICE COMPANY	
Name of Firm/Company	
251 LITTLE FALLS DRIVE	
Address	
WILMINGTON, DE 19808	
City/State and Zip Code	
ANNUALREPORTS@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RESIGNATION DEPT 800 at (	927-9801
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 provisi-	ons of section 605.0115, Florida Statu	tes, the undersigned,	
CORPORATION SERVICE COMPANY		hereby resigns as	
	Name of Registered Agent		
Registered Agent for _	Areas USA DIA, LLC		
	Name of Limited Liability Con	npany	·
L15000089305			
Document A	lumber, if known		
	ed and the office discontinued on the Signature of Res	31st day after the date on which this s	
If signing on behalf of	an entity:		<b>702</b>
	BY KYLE TODD		SECRETARY (
	Typed or Printed Na	ine	트로 크 필
	VICE PRESIDENT		(16 J
	Capacity		OF \$15.50 OF \$15.50

**FILING FEES:** 

\$ 85.00 \$ 25.00

Active limited liability company
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withdrawn limited liability company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

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