LIL 000 193733

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



400362889064

04/01/21--01014--030 **25.00

2021 APR -1 PH 3: 30
SECRETARY OF STATE
AND AND SEE, FLORIDA

COVER LETTER

SUBJECT: Name of Limited Liability	
rane or Emilia Elacini	Company
DOCUMENT NUMBER: L16000193733	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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	773-0888 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number

MAILING ADDRESS:

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 provisi	ons of section 605.01	15, Florida Statutes, the unc	dersigned,			
United States Cor	poration Agents, I	nc.	harahu rasiana			
	Name of Registered Age	ent	_ , hereby resigns	as		
Registered Agent for _	Dena Blevins Ligh	twork, LLC				
	Name of Lir	nited Liability Company		_		 ·
L16000193733						
Document N	Jumber, if known					
A copy of this resignat	ion was mailed to the	above listed limited liability	y company at its la	ast known	address	S .
The agency is terminat	ed and the office disco	ontinued on the 31st day aft	er the date on whi	ch this sta	tement	is filed
		Signature of Resigning Agent				
If signing on behalf of	an entity:					
	Cheyenne Mose	eley				
	7	Typed or Printed Name				
	Asst. Secretary for U	United States Corporation A	gents, Inc.	IAT SS	202	
		Capacity		- E-S-S	2021 APR	-17
				HASSI	× -1	<u> </u>
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabi	ompany /ed/ voluntarily di lity company	issolverille	PM 3: 30	

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