

L16000210440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

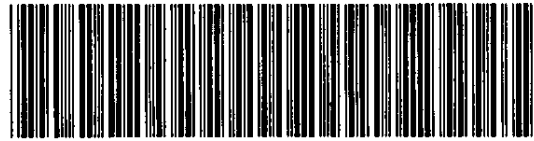
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2018 APR -2 P 12:35  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WE ARE DB NATION LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000210440

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER GAVILLA

Name of Person

WE ARE DB NATION LLC

Name of Firm/Company

900 NW 197TH TERRACE

Address

MIAMI, FL 33169

City/State and Zip Code

ALEX@EPICAGENTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER GAVILLA

Name of Person

at (202) 315-8488

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2010 APR -2 P 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**ALEXANDER GAVILLA**

, hereby resigns as

Name of Registered Agent

Registered Agent for **WE ARE DB NATION LLC**

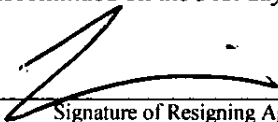
Name of Limited Liability Company

**L16000210440**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

**FILED**  
APR - 2 P 12:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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**