11700087109

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J DENNIS		
AUG - 7 2023		

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2023 JUN 14 PH 4: 57 :



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Oceanside Dragon Photog	•
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000087109	
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 th	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:	
Name of Person at (800 Area Code	773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the u	ndersigned.
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	Hereby resigns as
Registered Agent for C	Oceanside Dragon Photography, LLC	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L17000087109		
Document N	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liabil	lity company at its last known address.
The agency is terminate	d and the office discontinued on the 31st day a	after the date on which this statement is filed.
	Signature of Resigning Age	ent entered
If signing on behalf of a	n entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation	Agents, Inc.
	Capacity	

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