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(Requ	uestor's Name)		
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(City/	State/Zip/Phone	/ /	
PICK-UP	☐ WAIT	MAIL	
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JQ 10/06/20

COVER LETTER

TO: [Registration Section Division of Corporations	*		
SUBJE	Drive'N Me Daisy, LLC			
		imited Liability	Company	
DOCU	MENT NUMBER: L17000091391			
The enc	losed Resignation of Registered Agen g.	t for a Limited	Liability Company and fee are submitted	
Please r	eturn all correspondence concerning the	nis matter to th	e following:	
United	States Corporation Agents, Inc.			
	Name of Person			
Legalz	oom.com, Inc.			
	Name of Firm/Company			
101 No	orth Brand Blvd. 11th Floor			
	Address			
Glenda	ale, CA 91203			
	City/State and Zip Code			
raresig	nations@legalzoom.com			
E-n	nail address: (to be used for future annual repo	ort notification)		
For furt	her information concerning this matte	r, please call:		
Jazmir	ne Johnson	800	773-0888 x5122	
	Name of Person	Area Code	Daytime Telephone Number	
liability	ed is a check made payable to the Flori company or \$25.00 for an administra company.	ida Department tively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILI	ING ADDRESS:	STREE	ET ADDRESS:	
_	ation Section	Registration Section		
	n of Corporations ox 6327	Division of Corporations Clifton Building		
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2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unde	ersigned,
United States Corporation Agents, Inc.		_ , hereby resigns as
	Name of Registered Agent	, nervoy reesgue do
Registered Agent for _	Drive'N Me Daisy, LLC	
	Name of Limited Liability Company	<u> </u>
L17000091391		
Document N	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last known address.
The agency is terminat	ed and the office discontinued on the 31st day after	er the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation A	gents, 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