# L17000 ZZ6035

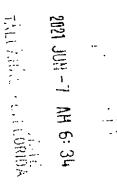
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200367663252

06/07/21--01016--016 \*\*25.00



### **COVER LETTER**

Division of Corporations	
UBJECT:	
Name of Limited Liability Company	
OCUMENT NUMBER: L17000226035	
he enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submor filing.	itted
lease return all correspondence concerning this matter to the following:	
Inited States Corporation Agents, Inc.	
Name of Person	
egalzoom.com, Inc.	
Name of Firm/Company	
01 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
aresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Name of Person at (800 ) 773-0888  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisio	ns of section 605.0115, Florida Statutes, the unders	signed.			
United States Corporation Agents, Inc.			a c		
	Name of Registered Agent	hereby resigns a	15		
Registered Agent for _	DV8, LLC	<del></del>		<del></del>	<del>-</del>
	Name of Limited Liability Company	<del></del>			<b>_</b> ;
L17000226035					
Document Nu	umber, if known				
	on was mailed to the above listed limited liability of and the office discontinued on the 31st day after				
	Signature of Resigning Agent		<u> </u>	2021	
If signing on behalf of an entity:			<u> </u>		-
	Cheyenne Moseley		į. :	-	•
	Typed or Printed Name Asst. Secretary for United States Corporation Age	nts, Inc.	¥018074.° ¥ari	AM 6	
	Capacity	<del></del>	82 D.A.	6: 34	

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