L18000059051

(Re	questor's Name)
(Äd	dress)
(Ad	dress)
(1.5	(die55)
(Cit	y/State/Zip/Phone #)
☐ PICK-UP	☐ WAIT ☐ MAIL
_	
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	MOV
	NOV - 8 .
	<u> </u>

Office Use Only



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10/31/23--01027--014 **25.00



COVER LETTER

SUBJECT: D&P Brand Distributors, L	LC
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000059051	
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 the	ne 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:	
800 at (773-0888
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provisions of	section 605.0115, Florida Statutes, the und	ersigned.									
United States Corporation Agents, Inc. Name of Registered Agent Registered Agent for D&P Brand Distributors, LLC		, hereby resigns as	<u></u>	23 001 31							
									•	THT	•
							Name of Limited Liability Company		**	=	
1.19000050054				<u>:</u> :							
L18000059051			•								
Document Number	. if known										
	as mailed to the above listed limited liability If the office discontinued on the 31st day after				filed.						
	Signature of Resigning Agent										
If signing on behalf of an ent	ity:										
Ch	eyenne Moseley										
	Typed or Printed Name										
Ass	st. Secretary for United States Corporation Ag	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