# 118000 101723

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





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10/04/21--01036--012 \*\*25.00

**136.4** € 1.1 € 1



### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:  Name of Limited Lia	hility Company
DOCUMENT NUMBER: L18000101723	Congrany
The enclosed Resignation of Registered Agent for a Lir for filing.	nited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
United States Corporation Agents, Inc.	
Name of Person	<del></del>
Legalzoom.com, Inc.	
Name of Firm/Company	<del></del>
9900 Spectrum Dr.	
Address	<del></del>
Austin, TX 78717	
City/State and Zip Code	<del></del>
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notificati	ion)
For further information concerning this matter, please c	rall:
800 at (	773-0888
Name of Person at (	Oode 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:	s of section 605.0115	. Florida Statutes, the undersign	ed,	
United States Corpo	oration Agents, Inc	). here	eby resigns as	
	Name of Registered Agen		ro, veogna do	
Registered Agent for $\frac{VII}{}$	DAEXITO LLC			
	Name of Limi	ed Liability Company		<u> </u>
L18000101723				
Document Nun	nber, it known	<u> </u>		
A copy of this resignation	n was mailed to the al	pove listed limited liability comp	pany at its last known (	address.
It signing on behalt of an		Signature of Resigning Agent		
	Cheyenne Mose	<del></del>		
	•	ped or Printed Name		
	Asst. Secretary for U	nited States Corporation Agents,	Inc.	
		Capacity		<b>~</b> 7
				4.3
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability compa Administratively dissolved/vi withdrawn limited liability co	oluntarily dissolved/ -	· ½ / 10: 5:
	Make checks payab	e to Florida Department of State Division of Corporations P.O. Box 6327	and mail to:	59

Tallahassee, FL 32314

A Property of the Contract of