## 48000137179

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## **COVER LETTER**

DahTasa II C	
SUBJECT: DabTacs LLC	Liability Company
DOCUMENT NUMBER: L18000137179	That the Company
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	atter to the following:
United States Corporation Agents, Inc.	
Name of Person	<del></del>
Legalzoom.com, Inc.	
Name of Firm/Company	<del></del>
101 North Brand Blvd. 11th Floor	
Address	<del></del>
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report not	fleation)
For further information concerning this matter, plea	ase call:
Kasandra Lund	800 773-0888 x3951
Name of Person A	rea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Diability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
· mrmmosec i is section	

Tallahassee, FL 32301

INHS17 (2/14)

**TO:** Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statute	es, the undersigned,	
United States Corp	oration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	<del></del>	
Registered Agent for D	abTacs LLC		
	Name of Limited Liability Comp	pany	<u> </u>
L18000137179			
Document N	umber, if known		
		ted liability company at its last known address.  1st day after the date on which this statemen	
The agency is terminate	Signature of Resignature	RC19 NON	! !
If signing on behalf of a	ın entity:		<u></u>
	Cheyenne Moseley	me Superis Inc.	Ü
	Typed or Printed Nan	The State Agents log	
	Asst. Secretary for United States Co.	rporation 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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