

L1800015648Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

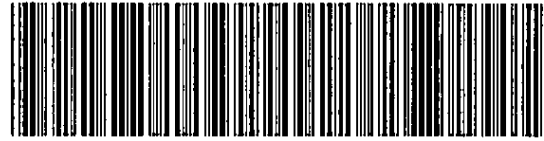
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700362889037

04/01/21--01016--003 \*\*25.00

2021 APR -1 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

76

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DWoodsGolf L.L.C.  
\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000156482  
\_\_\_\_\_

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

United States Corporation Agents, Inc.  
\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.  
\_\_\_\_\_  
Name of Firm/Company

101 North Brand Blvd. 11th Floor  
\_\_\_\_\_  
Address

Glendale, CA 91203  
\_\_\_\_\_  
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:

\_\_\_\_\_ at ( 800 ) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

