L18000 ACASIŦ

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Double Stag LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L18000202817	
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	e 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:	
Jazmine Johnsonat (at (773-0888) Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statutes, the undersi	gned.			
United States Corp	oration Agents, Inc.	nereby resigns as			
	Name of Registered Agent		(2) (2)	202	
Registered Agent for D	ouble Stag LLC		3	2920 NOV	
· · ·		ن ن	: - : - E	₩ .	Trans
	Name of Limited Liability Company		n 5 11 3	PH	
L18000202817				ተካ ፡ኁ ዘժ	K
Document Nu	imber, if known	r	- 	+	
A copy of this resignation	on was mailed to the above listed limited liability co	ompany at its last kno	own ad	dress.	
The agency is terminate	d and the office discontinued on the 31st day after t	he date on which this	s stater	nent is	filed.
	Signature of Resigning Agent				
If signing on behalf of a	n entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation Ager	nts, Inc.			
	Capacity				

Make checks payable to Florida Department of State and mail to:

Division of Corporations

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314