# 118000212280

(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



400387136534

95/19/22--01006--009 \*\*25.00

2022 HAY 19 AM 10: 47

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Danny-Atef LLC  Name of Limited Ciability	Company
DOCUMENT NUMBER: L18000212280	
The enclosed Resignation of Registered Agent for a Limited for filing.	d 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:	
Name of Person at ( Area Code	773-0888 ) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ions of section 605.0115. Florida Statutes, the unc	dersigned,	
United States Cor	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	Hereby resigns as	
Registered Agent for _	Danny-Atef LLC		_
	Name of Limited Liability Company		<u>_</u> ,
L18000212280			
Document 1	Number, if known		
A copy of this resignat	tion was mailed to the above listed limited liabilit	y company at its last known addres	SS.
The agency is terminat	ted and the office discontinued on the 31st day af	ter the date on which this statemen	t is filed.
	Signature of Resigning Agent		
If signing on behalf of	an entity:	SECRETAR TALLAHA	
	Cheyenne Moseley	AHASSE Agents, Inc.	, man
	Typed or Printed Name	ر <b>ک</b>	
	Asst. Secretary for United States Corporation A	Agents, Inc.	<u> </u>
	Capacity	Agents, Inc.	, <b></b>

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
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