LIECCOALEGAT

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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,50	omoso Emily Har	,
(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability Company L 18000248637	
Name of Limited Liability Company	
DOCUMENT NUMBER: L18000248637	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	e submitted
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:	
Name of Person at (800) 773-0888 Area Code 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 actiliability company or \$25.00 for an administratively dissolved, voluntarily dissolved or with liability company.	ve limited idrawn limited

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 provisions	of section 605.0115, Florida	Statutes, the undersigned.	
United States Corpor	ation Agents, Inc.	, hereby resigns as	
	ame of Registered Agent	thereby resigns as	
Registered Agent for Dea	alerEaze, LLC		
	Name of Limited Liabil	ity Company	 ·
L18000248637			
Document Num	per, if known		
	and the office discontinued of	ed limited liability company at its last known the 31st day after the date on which this set of Resigning Agent	
(Cheyenne Moseley		1.
- A	Typed or Pri Asst. Secretary for United Sta		· ·
_	Capacit	y	
			· <u>-</u>
	FILING FEES: \$ 85.00 Active \$ 25.00 Admin	limited liability company istratively dissolved/voluntarily dissolved/	; (2) (7)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn limited liability company