# 48000 255482

(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:	





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C. GOLDEN

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:  THE LIST USA LLC  Name of Limited Liability	Company
DOCUMENT NUMBER: L18000255482	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
REZA KAVOOSI	
Name of Person	•
THE LIST USA LLC	
Name of Firm/Company	•
2020 N Bayshore Dr 3301	
Address	•
Miami, FL 33137	
City/State and Zip Code	
rezakavoosi@thelist-app.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Reza Kavoosi 786	999 8550
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0115, Flo	rida Statutes, the undersigned,
PWDL LAW, PLLC	, hereby resigns as
Name of Registered Agent	, norself toolgate
Registered Agent for THE LIST USA LLC	
Name of Limited Li	ability Company
L18000255482	
Document Number, if known	
A copy of this resignation was mailed to the above	listed limited liability company at its last known address.
Fot.	ed on the 31st day after-the date on which this statement is filed.  Manual of Resigning Agent
If signing on behalf of an entity:	22
Pieter Wasung	<u>:</u>
Typed o	r Printed Name
Manager - PWDL LAW, PI	LLC A
Car	pacity 9 3

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

### FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company