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COVER LETTER

SUBJECT: Dragonfly Design & Decor LLC Name of Limited Liabil	ity Company
DOCUMENT NUMBER: L18000258817	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are 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	
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 cal	l:
800	773-0888 de Daytime Telephone Number
Name of Person Area Co	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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	ons of section 605,0115. Florida Statutes, the unders	igned,			
United States Corp	poration Agents, Inc.	hereby resigns as	SI	2021 NOV	
	Name of Registered Agent	moretry total gate til	TAI	Z	
Registered Agent for $\frac{\Box}{\Box}$	Dragonfly Design & Decor LLC		1-171 2-17-	1	وسيدة
			50 P	<i>\\</i> \	jag
	Name of Limited Unability Company		発生の	MH 10: 38	
L18000258817			1177	38	
Document S	Sumber, if known				
A copy of this resignat	ion was mailed to the above listed limited liability of	ompany at its last	known ac	ldress.	
The agency is terminat	ed and the office discontinued on the 31st day after	the date on which	this state	ment is	filed.
	Signature of Resigning Agent				
If signing on behalf of	an entity:				
	Cheyenne Moseley				
	Lyped or Printed Name				
	Asst. Secretary for United States Corporation Age	nts, Inc.			
	Capacity				

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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