L18000259156

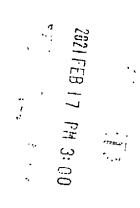
(Requestor's Name)
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COVER LETTER

Division of Corporations	v
SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000259156	
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:	
Name of Person at (800 Area Code	773-0888 Daytime Telephone Number
Name of reison Area Code	Dayume 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, 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 provis	sions of section 605.0115, Florida Statutes, the unders	igned.			
United States Corporation Agents, Inc.		, hereby resigns as			
	Name of Registered Agent	rereey rearging an	1.	782	
Registered Agent for	Dash Delivery LLC		. ·	T	٠.
			_	-	
	Name of Limited Liability Company			PH	, ,-
L18000259156				ა: ეე	14
Document	Number, if known			0	
	ation was mailed to the above listed limited liability co ated and the office discontinued on the 31st day after t				s tiled.
.	Signature of Resigning Agent				
If signing on behalf o	f an entity:				
	Cheyenne Moseley				
	Typed 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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