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Special Instructions to	Filing Officer:	





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### COVER LETTER

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SUBJECT: Dillingham Consulting LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000292975	
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	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:	
800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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-	ons of section 605.0115. Florida Statutes, the under	rsigned,	
United States Corporation Agents, Inc. , hereby r		ereby resigns as	
		, co, g	
Registered Agent for _	Dillingham Consulting LLC		
	Name of Limited Liability Company	·	
L18000292975			
Document N	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability of	company at its last known address.	
The agency is terminat	ed and the office discontinued on the 31st day after	the date on which this statement is filed	
	Signature of Resigning Agent		
If signing on behalf of	an entity:	SECAL ANA	
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	ents, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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