# L19 0000 15880

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### **COVER LETTER**

Name	e of Limited Liability Company
DOCUMENT NUMBER: <u>L19000015</u>	880
The enclosed Resignation of Registered submitted for filing.	Agent for a Limited Liability Company and fee are
Please return all correspondence concern	ing this matter to the following:
United States Corporation Agents, Ir	nc.
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	2
raresignations@legalzoom.com E-mail address: (to be used for future annua	al report notification)
For further information concerning this r	matter, please call:
Kasandra Lund	at ( 1 800 ) 773-0888 x3951
Name of Person	Area Code Daytime Telephone Number

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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, I	Florida Statutes, the undersigne	·d.
United States Corp	oration Agents, Inc.		, hereby resigns as
	Name of Registered Agent		
Registered Agent for _	DMAC MIAMI LLC		
			·
	Name of Limited	Liability Company	
DMAC MIAMI LLC Document N	umber, if known	000158	80
A copy of this resignat	ion was mailed to the abo	ve listed limited liability compa	any at its last known address.
The agency is terminate	d and the office discontinue	ed on the 31st day after the date	on which this statement is filed.
		nature of Resigning Agent	_
If signing on behalf of	an entity:		
	Cheyenne Moseley		- *
	Typed	or Printed Name	_ `
	Asst. Secretary for United	d States Corporation Agents, Inc	· .
	C	apacity	<del>_</del> , , , , , , , , , , , , , , , , , , ,
			() ()
	\$ 25.00 Ad	ES: ctive limited liability company lministratively dissolved/ volu- withdrawn limited liability com	ntarily dissolved/

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