1190000 53966

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Estitutions)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600350384176

60110,009-00110 -611 + 25.60

2020 AUG 18 AM 10: 46 Secretary of State

Ja 10/06/20

COVER LETTER

Registration Section Division of Corporations SUBJECT: Deetcom Marketing LLC Name of Limited Liability Company DOCUMENT NUMBER: L19000053966 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. 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 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: Jazmine Johnson Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes,	the undersigned,
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	(
Registered Agent for _	Deetcom Marketing LLC	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L19000053966		
Document 3	Number, it known	
A copy of this resignar	tion was mailed to the above listed limited	liability company at its last known address.
The agency is termina	ted and the office discontinued on the 31st	day after the date on which this statement is filed.
	Signature of Resignin	g Agent
If signing on behalf of	an entity;	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corpor	ration Agents, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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