L19000158177

(Requestor's Name)
(Address)
(Address)
(121333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.1
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opecial instructions to rining Officer.
}
<u> </u>

Office Use Only

A. RIVERS FEB 1 7 2023



300397726003

11/15/22--01037--003 **9435.00

2022 Prov. 15 7.511: 00

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DELCII X L.L.C.	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000158177	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
Chelsea Chapman	
Name of Person	-
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	•
Frisco, TX 75033-3867	
City/State and Zip Code	•
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Chelsea Chapman 844	386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.011:	5, Florida Statutes, the unde	rsigned,			
Legaline Corporate Services, INC.			, hereby resigns as			
N	lame of Registered Age					
Registered Agent for DEL	.CH X L.L.C.					
	Name of Lim	ited Liability Company				
1.19000158177						
Document Num	ber, if known					
A copy of this resignation	was mailed to the a	bove listed limited liability	company at its last k	nown addr	ess.	
If signing on behalf of an o	entity:	Signature of Resigning Agent				
(Chelsea Chapman					
_	Т	yped or Printed Name	<u> </u>			
(On Behalf of Legaline	c Corporate Services, INC.				
_	•	Capacity		F-C	2022	
	FILING © \$ 85.00 © \$ 25.00	FEES: Active limited liability condition Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily dissol ity company		2022 POV 15 TATE	

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