L19000276528

(Declarate Name)		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Pusings Estitutions)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:		
Special instructions to 1 ming officer.		

Office Use Only



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05/07/21--01013--026 **85.00



10.

COVER LETTER

SUBJECT: NATSOVAL, LLC Name of Limited	Liability Company
DOCUMENT NUMBER: L19000276828	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	atter to the following:
DAVID REINIKAINEN	
Name of Person	
DIAJ GROUP LEC	
Name of Firm/Company	
9382 NW 8TH CIR	
Address	
PLANTATION, FLORIDA 33324	
City/State and Zip Code	
DREINIKAINEN@ICLOUD.COM	
E-mail address: (to be used for future annual report not	fication)
For further information concerning this matter, ple	ase call:
ADRIANA MORET 30	rea Code Daytime Telephone Number
Name of Person A	rea Code Daytime Telephone Number

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the unc	dersigned,
DIAJ GROUP LLC	, hereby resigns as
Name of Registered Agent	
Registered Agent for	
Name of Limited Liability Company	
L19000276828	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liabilit	ty company at its last known address.
The agency is terminated and the office discontinued on the 31st day af Signature of Resigning Agen	
If signing on behalf of an entity: DAVID REINIR Typed or Printed Name PRESIDENT / MEI Capacity	2021 TALL
FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively dissolution withdrawn limited liab	company lved/ voluntarily dissolved/ pility company

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