L19000298777

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





700367231647

06/01/21--01019--025 **25.00

2921 JUH-1 PH 5: 44

O SIMMONE

COVER LETTER

10;	Division of Corporations	
SUBJ	ECT:	-
	Name of Limited Liaomi,	y Company
DOC	UMENT NUMBER: L19000298777	
The er for fili	nclosed Resignation of Registered Agent for a Limite ing.	d Liability Company and fee are submitted
Please	return all correspondence concerning this matter to t	he following:
Unite	d States Corporation Agents, Inc.	
	Name of Person	-
Legal	zoom.com, Inc.	
	Name of Firm/Company	_
9900	Spectrum Dr.	
	Address	-
Austir	n, TX 78717	
	City/State and Zip Code	-
raresi	gnations@legalzoom.com	
E-	mail address: (to be used for future annual report notification)	-
For fur	rther information concerning this matter, please call:	
	at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisions	of section 605.0115. Florida Statutes, the t	indersigned,	
United States Corpor	ration Agents, Inc.	, hereby resigns as	
Name of Registered Agent Registered Agent for David's Hauling, LLC		, Hereby resigns as	G ;
			2.21 11114
			آخة ا
	Name of Limited Liability Company	<u>-</u>	
			PII 5: 1,4
L19000298777			بن
Document Numb	ber, if known		· · · · · · · · · · · · · · · · · ·
	was mailed to the above listed limited liabiand the office discontinued on the 31st day Signature of Resigning Age	after the date on which th	
If signing on behalf of an e	entity:		
(Cheyenne Moseley		
_	Typed or Printed Name	 -	
A	Asst. Secretary for United States Corporation	n Agents, Inc.	
_	Capacity		

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company