L19000302787

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10/31/20

COVER LETTER

UNIVERSAL DOLPHIN LLC	
SUBJECT: Name of Limited Liability	y Company
DOCUMENT NUMBER: L19000302787	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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:	
Joyce Yi 800	773-0888 x7789
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the und	lersigned.			
United States Corporation Agents, Inc. Name of Registered Agent		hereby resigns as			
Registered Agent for _	JNIVERSAL DOLPHIN LLC	••			
	Name of Limited Liability Company			·	
L19000302787					
Document N	umber, if known				
	ion was mailed to the above listed limited liability ed and the office discontinued on the 31st day after the second of the seco				filed.
	Signature of Resigning Agent		٠. ١	~	
If signing on behalf of a	nn entity:	<u>a</u>		2020 SEP 28	ناب
	Cheyenne Moseley		 2	2	teranga (sitaas
	Typed or Printed Name Asst. Secretary for United States Corporation Age	gents, Inc.	٠,		<u>.</u>
	Capacity		17 4 T	PM 1: 1L	O

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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