# L20000029177

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2221/211/121/)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000363043680

04/02/21--01017--010 \*\*25.00



D BRUCE 1011

### **COVER LETTER**

. .

TO: Registration Section Division of Corporations		
SUBJECT: Dream Coast Investments LLC		
Name of Limited Liability	y Company	
DOCUMENT NUMBER: L20000029177		
The enclosed Resignation of Registered Agent for a Limiter for filing.	d Liability Company and fee ar	e 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	- \(\frac{1}{2}\)	<u> 181</u>
raresignations@legalzoom.com		E   1 2021 APR -2 51 51 52 5
E-mail address: (to be used for future annual report notification)	- -	
For further information concerning this matter, please call:		
Name of Person at (800 Area Code	773-0888	· <u>-</u>
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the unc	lersigned,	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent	_ , ,	
Registered Agent for	Dream Coast Investments LLC		_
			_1
	Name of Limited Liability Company		-
L20000029177			
Document N	fumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liabilit	y company at its last known address.	•
The agency is terminate	ed and the office discontinued on the 31st day af	ter the date on which this statement is	s filed.
	Signature of Resigning Agen		
If signing on behalf of	an entity:		20.
	Cheyenne Moseley	Agents, Inc.	7071 APR
	Typed or Printed Name		າປັ່. 
	Asst. Secretary for United States Corporation A	igents, Inc.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Capacity	<u> </u>	rs
		; ' · · · · · · · · · · · · · · · · · ·	
			<del>-</del>
	FILING FEES: \$ 85.00 Active limited liability	company	
	\$ 25.00 Administratively dissol withdrawn limited liab	ved/ voluntarily dissolved/ ility company	

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