L20 0000 46857

(Requestor's Name)
(Address)
(Address)
(12.23)
(C) (O) (C) (C)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Notifice)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2021 APR -1 PH 3: 30

COVER LETTER

Division of Corporations
UBJECT:
OCUMENT NUMBER: L20000046857
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted or filing.
Please return all correspondence concerning this matter to the following:
Jnited States Corporation Agents, Inc.
Name of Person
_egalzoom.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:
Name of Person at (Name Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.01	15, Florida Statutes, the under	rsigned,				
United States Corporation Agents, Inc.			, hereby resigns as	L raciana as			
	Name of Registered Ag	ent	, nereby resigns as				
Registered Agent for	Dapper Soap LLC					_	
	Name of Lin	nited Liability Company				_,	
L20000046857							
Document	Number, if known						
A copy of this resigna	tion was mailed to the	above listed limited liability of	company at its last!	known a	nddress		
		ontinued on the 31st day after					
		Signature of Resigning Agent	<u>_</u>				
If signing on behalf of	an entity:						
	Cheyenne Mose	eley					
		Typed or Printed Name					
	Asst. Secretary for	United States Corporation Age	ents, Inc.	₹	~		
		Capacity			121		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	d/ voluntarily disso	RETARY OF STATI	2021 APR - PH 3: 3		

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