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SECRETARY OF STATE TALLAHASSEE, FL

J4 10/06/20

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Demitaz LLC	
Name of Limited Liabili	ty Company
DOCUMENT NUMBER: L20000074629	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the 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	:
Jazmine Johnson 800	773-0888 x5122
Name of Person Area Cod	e Daytime Telephone Number
Enclosed is a check made payable to the Florida Departme liability company or \$25.00 for an administratively dissolve liability company.	ent of State for \$85.00 for an active limited yed, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: STR	EET ADDRESS:

Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi-	ons of section 605.0115, Florida Statutes, the unde	rsigned,
United States Corporation Agents, Inc.	poration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	, mores, yeargine in
Registered Agent for	Demitaz LLC	
	Name of Limited Liability Company	·
L20000074629		
Document N	Sumber, if known	
	ion was mailed to the above listed limited liability and the office discontinued on the 31st day after	·
The agency is terminat	ed and the office discontinued on the 31st day after	the date on which this statement is med.
	Signature of Resigning Agent	
If signing on behalf of	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ag	ents, Inc.
	Capacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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