LZO 000080440

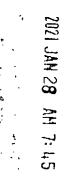
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COVER LETTER

TO: Registration Section Division of Corporations	: w
DASH IMP LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000080440	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Max Salas	
Name of Person	
Migrative Inc.	
Name of Firm/Company	
8850 NW 36th St Unit 2336	
Address	
Doral, FL 33178	
City/State and Zip Code	
info@migrative.us	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Max Salas Name of Person at (Area Code	7142124) Daytime Telephone Number
ivanie of reison Area Code	глаунтне тетерионе минист

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida S	tatutes, the undersigned,	202
Migrative Inc		, hereby resigns as	2021 JAN 28
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 2
Registered Agent for _	DASH IMP LLC		
			王
	Name of Limited Liability	Company	7. 5.
L20000080440			
Document	Number, if known		
		limited liability company at its last ke the 31st day after the date on which the state of the s	
	Signature of	Resigning Agent	
If signing on behalf o	fan entity:		
	Max Salas		
	Typed or Printe	ed Name	
	CEO		
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)