K20 000 108687

(Requestor's Name)				
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(Cit	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

SUBJECT: Joy Daehn Coaching LLC	Commence			
Name of Limited Liability Company				
DOCUMENT NUMBER: L20000108687				
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:			
United States Corporation Agents, Inc.				
Name of Person				
Legalzoom.com, Inc.				
Name of Firm/Company				
9900 Spectrum Dr.				
Address				
Austin, TX 78717				
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:				
800 at (773-0888) Daytime Telephone Number			
Name of Person Area Code	Daytime Telephone Number			
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited			

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida	Statutes, the undersigned,		
United States Corporation Agents, Inc.		, hereby res	_, hereby resigns as	
	Name of Registered Agent			
Registered Agent for	oy Daehn Coaching LLC			
<u> </u>	Name of Limited Liability	y Company		
L20000108687				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above liste	d limited liability company at	its last known address.	
The agency is terminate	ed and the office discontinued or	the 31st day after the date or	which this statement is filed.	
	Signature	of Resigning Agent	2021 1241	
If signing on behalf of a	nn entity:		Juj	
	Cheyenne Moseley			
	Typed or Prin	ted Name	The same of the sa	
	Asst. Secretary for United Stat	es Corporation Agents, Inc.	7	
	Capacity		732	

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