

120 000 135 016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

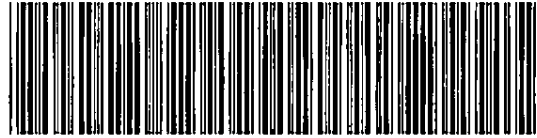
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32311

COVER LETTER

TO: Registration Section
Division of Corporations

Oh'Dace

SUBJECT: _____
Name of Limited Liability Company

1.20000135016

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Olivia Hedrick

Name of Person

Oh'Dace

Name of Firm/Company

10770 SW 10th Place

Address

Davie, FL 33324

City/State and Zip Code

theoliviahedrick@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olivia Hedrick

954

5042937

Name of Person

at (_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ZenBusiness

, hereby resigns as

Name of Registered Agent

Oh'Dace LLC

Registered Agent for

Name of Limited Liability Company

L20000135016

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Zenbusiness

Signature of Resigning Agent

If signing on behalf of an entity:

Olivia Hedrick

Typed or Printed Name

OWNER

Capacity

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2021 AUG -9 PM 6:34
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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