# 120000236431

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	•
PICK-UP WAIT	MAIL
(Business Entity Name)	
(= =====, ====,	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Consideration to Etter Office.	
Special Instructions to Filing Officer:	
	İ



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04/13/22--01012--014 \*\*25.00



Office Use Only

of 5/19/2022

### **COVER LETTER**

SUBJECT: The Daiquiri Spot, LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L20000236431	
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.	
Äddress	•
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	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

#### MAILING ADDRESS:

liability company.

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the unders	gned.	
United States Corp	oration Agents, Inc.	nereby resigns as	
	Name of Registered Agent	icico) resigns as	
Registered Agent for	ne Daiquiri Spot, LLC		_
	Name of Limited Liability Company		<u>_</u> ·
L20000236431			
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the above listed limited liability co	mpany at its last known addres	S.
The agency is terminated	d and the office discontinued on the 31st day after the Signature of Resigning Agent		
If signing on behalf of an entity:		2022 APR 13	
	Cheyenne Moseley	APR PR	-7
	Typed or Printed Name		;
	Asst. Secretary for United States Corporation Agen		
	Capacity	ts, Inc.	; <u></u>

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company