120000393024

(Requestor's Name)
(Address)
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(Document Number)
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Ra Resignation

Conclusion of Mark

COVER LETTER

Registration Section Division of Corporations

TO:

DISCOVERY CAPITAL PARTNERS LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000393024 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: 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: Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited.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. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 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	igned.	
United States Corp	hereby resigns as			
	Name of Registered Agent			
Registered Agent for D	ISCOVERY CAPIT	TAL PARTNERS LLC		
	Name of Limit	ed Liability Company		,
L20000393024				
Document Nu	imber, if known			
A copy of this resignation	on was mailed to the al	sove listed limited liability co	ompany at its last known a	address.
The agency is terminate	d and the office discor	tinued on the 31st day after	the date on which this stat	tement is filed.
		Signature of Resigning Agent		
If signing on behalf of a	in entity:			
	Cheyenne Mosel	еу		
	Ту	ped or Printed Name		2022
	Asst. Secretary for U	nited States Corporation Age	nts, Inc.	
		Capacity		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	npany I/ voluntarily dissolved/ y company	111:20

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