L21000092991

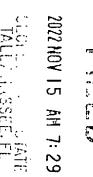
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Certified Copies Certificates of Status
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Cassial Instructions to Filias Officer
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations

DRONE LIGHT SHOWS MIAMI LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000092991	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844 at (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provi	sions of section 605,0115, Florida Statutes, the u	indersigned,		
Legalinc Corporate Sc	rvices, INC.	, hereby resigns as		
	Name of Registered Agent	<u></u> ,		
Registered Agent for	DRONE LIGHT SHOWS MIAMI LLC			
	Name of Limited Liability Company			
L21000092991				
Documen	Number, if known			
A copy of this resign	ation was mailed to the above listed limited liabi	lity company at its last k	nown addre	ess.
The agency is termin	ated and the office discontinued on the 31st day	after the date on which the	nis stateme	nt is filed.
	COULDER CHO	MMOH	SEG: L	2007 JUNE CCUC
If signing on behalf of	of an entity:			
	Chelsea Chapman		11. C	rut 7
	Typed or Printed Name	<u> </u>	SE H	P 115
	On Behalf of Legaline Corporate Services, INC	•	1116	. <u> </u>
	Capacity		լ_ ∑_ ւ	3

FILING FEES:

S 85.00 Active limited liability company

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