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(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000210218	
The enclosed Resignation of Registered Agent for a Limited for filing.	d 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:	
at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

TO:

Registration Section Division of Corporations

FILED STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY # 20-39

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provision	ns of section 605.0115, Florida St	ntutes, the undersigned,
United States Corporation Agents, Inc.		, hereby resigns as
Name of Registered Agent		, , nereo, resigns as
Registered Agent for D	AX Creative LLC	<u> </u>
	Name of Limited Liability C	Company
L21000210218		
Document Nu	imber, if known	
A copy of this resignation	on was mailed to the above listed	imited liability company at its last known address.
The agency is terminate	d and the office discontinued on t	ne 31st day after the date on which this statement is filed.
	Signature of	Resigning Agent
If signing on behalf of a	n entity:	
Cheyenne Moseley		
	Typed or Printed	Name
	Asst. Secretary for United States	Corporation Agents, Inc.
	Capacity	

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