L21000476784

(Requ	uestor's Name)	
(Addr	ess)	<u> </u>
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busia	ness Entity Nar	me)
(Росі	ıment Number)	
Certified Copies		
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	





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2024 JUN 14 PM 4: 07

COVER LETTER

Division of Corporations
SUBJECT: DP Nell LLC
Name of Limited Liability Company OCUMENT NUMBER: L21000476784
OCCUMENT NUMBER:
he enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Jnited States Corporation Agents, Inc.
Name of Person
egalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
aresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
at (800) 773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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	is of section 605.011	Florida Statutes, the under	ersigned,		
United States Corporation Agents, Inc. Name of Registered Agent		nc.	hereby resigns as		
		ent	Hereby resigns as		
Registered Agent for DF	Nell LLC				
	Name of Lin	nited Liability Company		·	
L21000476784					
Document Nun	nber, if known				
A copy of this resignation	n was mailed to the	above listed limited liability	company at its last kr	nown address.	
The agency is terminated		ontinued on the 31st day after the Treutlein Signature of Resigning Agent	er the date on which th	iis statement is fil	ed.
If signing on behalf of an	entity:			-3	
	Erik Treutlein			TALLAHASSEE	
•	T	yped or Printed Name		LE I	
_	Vice President for U	Inited States Corporation Ag	ents, Inc.	AS.	
	<u>FILING</u> \$ 85.00	Capacity FEES:		TALLAHASSEE, FLORIDA	FED
	\$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabili	ed/ voluntarily dissol	_	

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