# h21 000 489913

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2022 JUNIA PM 3: 14 SECTRE LIGY OF STAFF TALL ASSASSES FOR

#### COVER LETTER

SUBJECT: Dolphin Financial Investments LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000489913	
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.	
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:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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	is of section 605.011:	b. Florida Statutes, the unde	rsigned,			
United States Corporation Agents, Inc.  Name of Registered Agent		_ , hereby resigns as				
			_ (			
Registered Agent for Do	olphin Financial Ir	nvestments LLC				-
	Name of Lim	ited Liability Company				_•
L21000489913						
Document Nur	mber, if known	<u> </u>				
A copy of this resignatio	n was mailed to the a	bove listed limited liability	company at its last	known a	ıddress	
The agency is terminated	and the office disco	ntinued on the 31st day after	r the date on which	this state	ement i	is filed.
If signing on behalf of ar	n entity:			₹. *:	202	
	Cheyenne Mose	ley			2022 JUN 14	
	Т	yped or Printed Name		A H	<del>Z</del>	
	Asst. Secretary for L	Inited States Corporation Ag	jents, Inc.	25 C		Ũ
		Capacity		OF SHAFE	PH 3: 14	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabil	ed/ voluntarily diss	olved/		

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