L21200527419

(Requestor's Name)	
(Address)	 .
,	
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(City/State/Zip/Phone #)	
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(Document Number)	
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2024 APR 16 AH 10: 32 SECRETARY OF STATE TALL ATASSEC, FI

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Dolphin Friend LLC	Name of Limited Liabil	ity Company	
DOCUMENT NUMBER: 1.2100052	27419		
The enclosed Resignation of Registe for filing.	ered Agent for a Limit	ted Liability Compan	y and fee are submitted
Please return all correspondence cor	ncerning this matter to	the following:	
Cory Betts			2024 APR 16 ANIO: 32 SECRETARY SEED FAT
Name of Perso	n		ARC ARR
ZenBusiness Inc.			5 6
Name of Firm/Con	npany		
336 E. College Ave. Suite 301			50 5 Y
Address			अर्थेह
TALLAHASSEE, FL 32301			
City/State and Zip	Code		
ra@zenbusiness.com			
E-mail address: (to be used for future	annual report notification)	
For further information concerning t	this matter, please cal	l :	
Cory Betts	at (Area Coc	493-6249	
Name of Person	Area Coo	de Daytime Telephon	ie Number
Enclosed is a check made payable to liability company or \$25.00 for an a limited liability company.	the Florida Departm dministratively dissol	ent of State for \$85.0 ved, voluntarily disso	00 for an active limited olved or withdrawn

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 provis	sions of section 605.0115. Florida Statutes, the	undersigned,	
ZenBusiness Inc.		, hereby resigns as	
	Name of Registered Agent	(Nerecy resigns us	
Registered Agent for	Dolphin Friend LLC		-
	Name of Limited Liability Company		.•
1.21000527419			
Document	Number, if known		
The agency is termina	ated and the office discontinued on the 31st day Signature of Resigning A	y after the date on which this statement is	
If signing on behalf o	f an entity:		- م. التريع
	ZenBusiness Inc. by Khadijeh Hemmati	AM 10: 32	
	Typed or Printed Name	- Fig. 8	
	Secretary		
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

. . . .