# 122000034978

(Re	questor's Name)			
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### **COVER LETTER**

Division of Corporations		\$	7 .	
	dentals	LLC Company		
DOCUMENT NUMBER: L22000034978				-
The enclosed Resignation of Registered Agent f for filing.	or a Limited	Liability Comp	pany and fee ar	e submitted
Please return all correspondence concerning this	s matter to th	e 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, p	please call:			
at	800	773-0888		
Name of Person	Area Code	Daytime Telep	hone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the ur	ndersigned,			
United States Corporation Agents, Inc.		, hereby resigns as			
<del> </del>	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Registered Agent for De	olphin Crossing Rentals LLC			-	
	Name of Limited Liability Company		<del></del> -	_•	
L22000034978					
Document Nu	imber, if known				
A copy of this resignation	on was mailed to the above listed limited liabil	ity company at its last known	address.		
The agency is terminate	d and the office discontinued on the 31st day a	after the date on which this stat	lement i	s filed	
	Signature of Resigning Age	ent			
If signing on behalf of a	n entity:	21	203		
	Cheyenne Moseley		-27 -27	;	
	Typed or Printed Name		3		
	Asst. Secretary for United States Corporation	Agents, Inc.	27	1	
	Capacity	CUF STA	00255027 PH 12: 00		
	\$ 85.00 Active limited liabilit \$ 25.00 Administratively diss withdrawn limited liabilit	olved/ voluntarily dissolved/	ŏ		

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