L22000121003

(Re	equestor's Name)
(Ad	ldress)	
,	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(D.	alaaa Carba Na	
(BU	siness Entity Na	ime)
(Do	cument Number	-)
Certified Copies	_ Certificate	es of Status
r 		
Special Instructions to	Filing Officer:	
		J. HORNE
		J. HORNE NOV - 8 ZUZJ
		NUV - 8 ZUZJ
I		

Office Use Only



500418158255

10/31/23--01027--013 **25.00

COVER LETTER

SUBJECT: DARIVAL LLC Name of Limited Liability	y Company
DOCUMENT NUMBER: L22000121003	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
United States Corporation Agents, Inc.	
Name of Person	_
Legalzoom.com, Inc.	
Name of Firm/Company	un-
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 Cod	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,				23
United States Corporation Agents, Inc hereby resigns as		•	(3)	
		. thereby resigns as	. •	~~ C)
Registered Agent for D	ARIVAL LLC			
				11 11 5 11
	Name of Limited Liability Company		; .	=
L22000121003				
Document Nu	mber, if known			
_	on was mailed to the above listed limited liability of and the office discontinued on the 31st day after			
	Signature of Resigning Agent			
If signing on behalf of ar	n entity:			
	Cheyenne Moseley			
	Typed or Printed Name			
	Asst. Secretary for United States Corporation Age	nts, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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