L22000 401013

(Re	equestor's Name)	-
(Ad	ldress)	
·	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
, - · ·	,	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
	··	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		

Office Use Only



900413513639

08/08/23--01010--013 **25.00

TALLAHASSEE, FLORID

2023 AUG -8 PM 2: 1

COVER LETTER

TO: Registration Section Division of Corporations

UBJECT: DIROSSE ECO VILLAGE ORCHARDS LLC
Name of Limited Liability Company
OCUMENT NUMBER: L22000401013
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted or filing.
lease return all correspondence concerning this matter to the following:
United 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 (Non-set Passar at () Daysin a Talachara Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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	ons of section 605.01	15, Florida Statutes, the unde	ersigned,			
Name of Registered Agent			, hereby resigns as	hereby resigns as		
Registered Agent for	DIROSSE ECO V	ILLAGE ORCHARDS L	LC		_	
	N 21.	5. 117.195. 29			_•	
	Name of Li	mited Liability Company				
L22000401013						
Document N	umber, if known					
A copy of this resignati	on was mailed to the	above listed limited liability	company at its last kno	own address		
The agency is terminate	ed and the office disc	continued on the 31st day afte	r the date on which thi	is statement	is filed.	
		aul				
		Signature of Resigning Agent				
If signing on behalf of a	an entity:					
	Cheyenne Mos					
	Asst. Secretary for United States Corporation Agen		jents, Inc.	1AC.		
	•	Capacity		2023 AUG	-11	
			;	2029 AUG -8		
	FILING \$ 85.00 \$ 25.00		ompany ed/ voluntarily dissoly	F 3		

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