# L2200497999

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

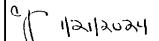
Office Use Only



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### **COVER LETTER**

**\_TO:** Registration Section Division of Corporations

Company
Liability Company and fee are submitted
ne following:
773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0115, Florida Statutes, the unde	rsigned,
United States Corporation Agents Inc		, hereby resigns as
		thereby resigns as
Registered Agent for	DigitalDaveTV LLC	
	Name of Limited Liability Company	<del></del> .
L22000497999		
Document N	lumber, if known	
	ion was mailed to the above listed limited liability and the office discontinued on the 31st day after	
	Signature of Resigning Agent	2023 ( -
If signing on behalf of a	an entity:	•
Cheyenne Moseley		22
	Typed or Printed Name	<del></del>
	Asst. Secretary for United States Corporation Ag-	ents, Inc.
	Capacity	 ස

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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