(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Dunings Father Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: J. HORNE
MAR 2 2 2024





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## **COVER LETTER**

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TO: Registration Section	
Division of Corporations	
SUBJECT: Arthur David Enterprises	LLC
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L23000007057	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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, please call:	
at (800	773-0888
Name of Person Area Code	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

United States Corp	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	, nercoy resigns as	2. 4.
Registered Agent for A	Arthur David Enterprises LLC		
	Name of Limited Liability Company		
L23000007057			
220000000000			
Document N	rumber, if known		
Document N A copy of this resignati	on was mailed to the above listed limited liability and the office discontinued on the 31st day after		
Document N A copy of this resignati	on was mailed to the above listed limited liability		
Document N A copy of this resignati	on was mailed to the above listed limited liability ed and the office discontinued on the 31st day after the signature of Resigning Agent		
Document N A copy of this resignati The agency is terminate	on was mailed to the above listed limited liability ed and the office discontinued on the 31st day after the signature of Resigning Agent		
Document N A copy of this resignati The agency is terminate	on was mailed to the above listed limited liability and the office discontinued on the 31st day after the signature of Resigning Agent an entity:		
Document N A copy of this resignati The agency is terminate	on was mailed to the above listed limited liability and the office discontinued on the 31st day after Signature of Resigning Agent an entity: Cheyenne Moseley	er the date on which	

Make checks payable to Florida Department of State and mail to:

FILING FEES:
\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314