

# 2300000 8774

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## **COVER LETTER**

 $_{SUBJECT:}$ JDSFL LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000008774 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. 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 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: Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

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

Pursuant to the provision	ns of section 605.0115, Florida Statutes	s, the undersigned,			
United States Corporation Agents, Inc. , hereby re			as		
	Name of Registered Agent				
Registered Agent for	DSFL LLC				
	Name of Limited Liability Compa	ny		·	
L23000008774					
Document Nu	mber, if known				
A copy of this resignation	n was mailed to the above listed limite	d liability company at its la	ıst known addı	ress.	
The agency is terminate	d and the office discontinued on the 31s	st day after the date on whi	ch this statem	ent is	filed.
	Crip Treed	lein			
	Signature of Resign	ning Agent			
If signing on behalf of a	n entity:				
	Erik Treutlein			~ .	
	Typed or Printed Name	:	_	)   	
	Vice President for United States Corp	oration Agents, Inc.			ان
	Capacity		<u>-</u>	2024 JUN   4	<u> </u>
					<u> </u>
	FILING FEES: \$85.00 Active limited	liability company		PM 2:	
	\$ 25.00 Administrative	ly dissolved/ voluntarily di ited liability company	issolved/=	_	

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