L23000054748

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer		
- -		
J. HORNE		
JUL - 1 2024		

Office Use Only



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05/30/24--01020--003 **25.00



COVER LETTER

SUBJECT: Data Room LLC		
Name of Limited Liability Company		
DOCUMENT NUMBER: L23000054748		
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:		
800 773-0888		
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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	s of section 605.0115. Florida Statutes, the unde	rsigned,
United States Corporation Agents, Inc.		, hereby resigns as
Name of Registered Agent		ercoy resigns as
Registered Agent for Da	ta Room LLC	
	Name of Limited Liability Company	
L23000054748		
Document Num	iber, if known	
	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 an	entity:	
•	Cheyenne Moseley	
_	Typed or Printed Name	.
,	Asst. Secretary for United States Corporation Age	ents, Inc.
-	Capacity	

FILING FEES: \$ 85.00 Active

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withdrawn limited liability company \$ 25.00

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