# L23000084832

(Requestor's Name)
(Address)
, ,
(644)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200430590292

05/29/24 -01011---01F → 25.00

024 MAY 29 PM 4: 16

### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Dandylion's Village LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000089832	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provisi	ons of section 605.011	5, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc. hereby resignation.						
	Name of Registered Age	nt	nereog resigns as	F:		
Registered Agent for _	Dandylion's Village	LLC				
<del></del>	Name of Lim	ited Liability Company				
L23000089832						
Document N	lumber, if known					
A copy of this resignat	ion was mailed to the a	above listed limited liability co	ompany at its last	. known ac	Idress.	
The agency is terminate	ed and the office disco	ntinued on the 31st day after	the date on which	this state	ment is	filed.
		Signature of Resigning Agent				
If signing on behalf of:	an entity:				~3	
	Cheyenne Mose	ley		ALL ALL	2024 HAY 29	
	7	yped or Printed Name		좚	Y A	! }
	Asst. Secretary for L	Inited States Corporation Age	nts, Inc.	LAHASSI	23	
		Capacity		<b>[11]</b>		İ
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability con Administratively dissolved withdrawn limited liability	l/ voluntarily diss	)F STATE , FLORIDA do	PH կ։ 16	U

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