

L23000285524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

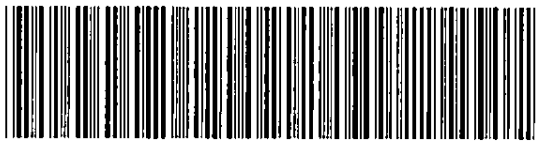
(Document Number)

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CLERK OF COURT  
JANUARY 1, 2025

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEDE CAPITAL GROUP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000285524

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:

ZENBUSINESS INC.

Name of Person

Name of Firm/Company

336 E. COLLEGE AVE. SUITE 301

Address

TALLAHASSEE, FL 32301

City/State and Zip Code

DEDECAPITALGROUP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEIVI ESCALAN TE

Name of Person

at (

305

Area Code

7666681

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
ZENBUSINESS INC.

hereby resigns as

Name of Registered Agent

Registered Agent for

DEDE Capital Group LLC

Name of Limited Liability Company

ZENBUSINESS INC.

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

DEIVIS ESCALANTE

Typed or Printed Name

COOWNER

Capacity

### **FILING FEES:**

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withdrawn limited liability company

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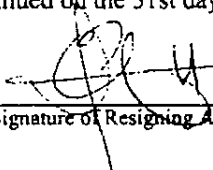
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