# L23000290669

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

TO: Registration Section Division of Corporations

Dallas Investments LLC

SUBJECT: Dailes investinents LLC	. <u>.                                   </u>
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000290669	
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 th	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0115	, Florida Statutes, the un	idersigned,			
United States Corporation Agents, Inc.		, hereby resign.	ereby resigns as			
Name of Registered Agent				ictory (voignt no		
Registered Agent for $\frac{1}{2}$	Dalles Investments	LLC				
<u>.</u> .	Name of Limi	ited Liability Company				
L23000290669						
Document l	Number, if known	<del></del>				
A copy of this resignal	tion was mailed to the a	bove listed fimited liabili	ity company at its	last known ac	ldress.	
The agency is termina	ted and the office discor	ntinued on the 31st day a	fter the date on wi	hich this state	ment is filed	
		Signature of Resigning Ager	nt			
If signing on behalf of	an entity:					
	Cheyenne Mose	ley				
		yped or Printed Name				
	Asst. Secretary for U	Inited States Corporation	Agents, Inc.			
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability Administratively disso	/ company olved/ voluntarily bility company	<b>∵</b> ~		

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