L24000217801

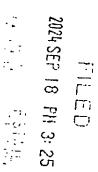
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
SEP 24 2024		





200436666252

09/18/24--01038--002 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Dreamzzz Rhapsody LLC	
Name of Limited Liability	
DOCUMENT NUMBER: L24000217801	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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 (<u>800</u>	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ons of section 605.0115, Florida Statutes, the unders	igned.
United States Corporation Agents, Inc.		nereby resigns as
	Name of Registered Agent	leteby resigns as
Registered Agent for D	reamzzz Rhapsody LLC	TOTA SEE
		318
	Name of Limited Liability Company	P. O
L24000217801		2. 2.
Document No	imber, if known	
A copy of this resignation	on was mailed to the above listed limited liability co	mpany at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after the	he date on which this statement is filed.
	Crik Treutlein	
	Signature of Resigning Agent	
If signing on behalf of a	n entity:	
	Erik Treutlein	
	Typed or Printed Name	
	Vice President on behalf of United States Corporation Age	nts, Inc.
	Capacity	

Make checks payable to Florida Department of State and mail to: Division of Corporations

FILING FEES: \$ 85.00 Active \$ 25.00 Admi

> P.O. Box 6327 Tallahassee, FL 32314

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company