Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Name

Account Number : 075350000353 : (800)221-2972 Phone : (888)692-9256 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:					

LLC REGISTERED AGENT RESIGNATION DIONA ACQUISITIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

INHS17 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DIONA ACQUISITIONS.	LLC e of Limited Liabili	ту Сотралу	
DOCUMENT NUMBER: M18000003	3448		
The enclosed Resignation of Registered for filing.		ed Liability Company and I	fee are submitted
Please return all correspondence concern	ning this matter to	the following:	三、竹
TRACEE COTTON			3 =
Name of Person		_	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
BLUMBERGEXCELSIOR CORPOR	ATE SERVICES		つっつ
Name of Firm/Compan	у		بب
16 COURT ST 14TH FLOOR			69
Address		_	
BROOKLYN, NY 11241			
City/State and Zip Code	e		
E-mail address: (to be used for future annu	al report notification)	_	
For further information concerning this i	matter, please call:		
TRACEE COTTON	800	221-2972 X1550 Daytime Telephone Num	
Name of Person	Area Cod	e Daytime Telephone Num	ber
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	Florida Departme nistratively dissolv	nt of State for \$85.00 for a ed, voluntarily dissolved o	n active limited or withdrawn limited
MAILING ADDRESS:		EET ADDRESS:	
Registration Section		tration Section	
Division of Corporations		ion of Corporations n Building	
P.O. Box 6327 Tallahassee, FL 32314		n Building Executive Center Circle	
Tantanassee, FL 32314		passee, FL 32301	

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

BLUMBERGEXCEL	SIOR CORPORATE SERVICES, INC. , hereby	y resigns as	
	Name of Registered Agent		
Pagistared Agent for DIC	ONA ACQUISITIONS, LLC	1	
Registered Agent for		: = =	~3
	Name of Limited Liability Company	188	
M18000003448		. 21	
Document Nun	nber, if known	. <u>.</u>	**i
			^{2'}
	n was mailed to the above listed limited liability comparand the office discontinued on the 31st day after the da	W	filed.
		W	⊶″ filed.
	and the office discontinued on the 31st day after the da Signature of Resigning Agent	W	⊶″
The agency is terminated If signing on behalf of an	and the office discontinued on the 31st day after the da Signature of Resigning Agent	W	⊶ *
The agency is terminated If signing on behalf of an	and the office discontinued on the 31st day after the da Signature of Resigning Agent entity:	W	⊶ ″
The agency is terminated If signing on behalf of an	and the office discontinued on the 31st day after the da Signature of Resigning Agent entity: ZEINA HASSOUN	W	⊶ *

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

FILING FEES:

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

Tallahassee, FL 32314