

L12000002389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2012 SEP 24 PM 1:02
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

SEP 25 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAVID CHAPLIN LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 412000002389

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:

DAVID CHAPLIN
Name of Person

DAVID CHAPLIN LLC
Name of Firm/Company

603 AVENIDA SEXTA
Address

CLERMONT, FL 34714
City/State and Zip Code

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

For further information concerning this matter, please call:

PAULA S AUDI at (386) 671-1361
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATE OF FLORIDA
CLERK OF THE COURT

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

NO FRILLS ACCOUNTING LLC, hereby resigns as
Name of Registered Agent

Registered Agent for DAVID CHAPLIN

DAVID CHAPLIN LLC


Name of Limited Liability Company

L12000002389

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: FOR NO FRILLS ACCOUNTING

PAULA S. AUDI

Typed or Printed Name

Capacity

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2012 SEP 24 PM 1:02

FILED

FILING FEES:

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withdrawn limited liability company

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