

L12000067364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

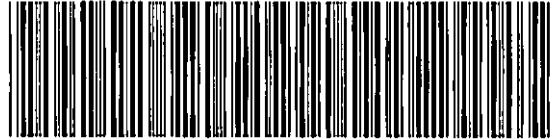
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2021 OCT 28 PM 3:46

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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2021 OCT 28 AM 8:02

CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

Y SULKER
OCT 29 2021

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DEAL. CO. FR LLC

Signature _____

Requested by: Seth

10/27/21

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEAL CO. FR LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 422000067364

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:

ANNA Daszewska
Name of Person

Name of Firm/Company

200 E. Miller St
Address

Orlando FL 32806
City/State and Zip Code

annadaszewska@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Graciela Mic Evay at (561) 345 9817
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
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,

Graciela McEvoy, hereby resigns as
Name of Registered Agent

Registered Agent for DEAL CO. FL LLC
Name of Limited Liability Company

L12000067364
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.

W
Signature of Resigning Agent

If signing on behalf of an entity:

Graciela McEvoy
Typed or Printed Name
Capacity

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

FILED
JUL 23 AM 8:02
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE