121000335017

(Reque	stor's Name)			
(Addres	ss)			
(Addres	es)			
(City/St	ate/Zip/Phone #)			
PICK-UP	WAIT N	1AIL		
(Busine	ss Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

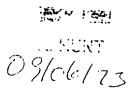
Office Use Only



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2023 SEP -6 PH 12: 40



· COVER LETTER ·

TO: Registration Section Division of Corporations

SUBJECT: Doors Direct Sales & Cons			
DOCUMENT NUMBER: L21000335017			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are subm	nitted	
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		202	<u></u>
Austin, TX 78717		2023 SEP -6	ROISIALI
City/State and Zip Code		ე <u>-</u> ნ	-4:- -::
raresignations@legalzoom.com			
E-mail address: (to be used for future annual report notification)		PH 12: 40	
For further information concerning this matter, please call:		٠0	.t.
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	. Florida Statutes, the unders	igned,		
United States Corporation Agents, Inc.		hereby resigns as			
Name of Registered Agent			, hereby resigns as		
Registered Agent for De	oors Direct Sales	& Consulting LLC		_	
	Name of Limi	ted Liability Company	 	·	
L21000335017					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the a	bove listed limited liability c	ompany at its last known ad	ldress.	
The agency is terminated	d and the office discor	Signature of Resigning Agent	the date on which this states	ment is fil	led.
If signing on behalf of a	n entity:				
	Cheyenne Mose	ley			
	·	sped or Printed Name Inited States Corporation Age	ents, Inc.	2023 SEP	JAYISTER (
		Capacity		EP -6	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co- Administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily dissolved/ y company	PH 12: 40	1

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