

L94000000412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

L94-412

(Document Number)

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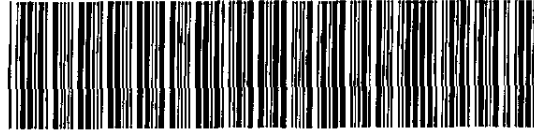
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TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 19, 2005

EDUARDO DEL RIEGO  
3351 SW 110 CT  
MIAMI, FL 33165

SUBJECT: D.G. AGENCY, L.C.  
Ref. Number: L94000000412

We have received your document for D.G. AGENCY, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown  
Document Specialist

Letter Number: 805A00063627

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: D.G. AGENCY, L.C.  
(Name of Limited Liability Company)

DOCUMENT NUMBER: L94

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:

EDUARDO DEL RIEGO  
(Name of Person)

D.G. AGENCY, L.C.  
(Name of Firm/Company)

3351 S.W. 110 CT  
(Address)

MIAMI, FLORIDA 33145  
(City/State and Zip Code)

For further information concerning this matter, please call:

EDUARDO DEL RIEGO at ( 305 ) 987-9001  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE FLORIDA

## 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,

EDUARDO DEL RIO, hereby resigns as  
(Name of Registered Agent)

Registered Agent for D.G. AGENCY, L.C.  
(Name of Limited Liability Company)

294000000412  
(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.

Eduardo Del Rio  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(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

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