

F 1800000 5019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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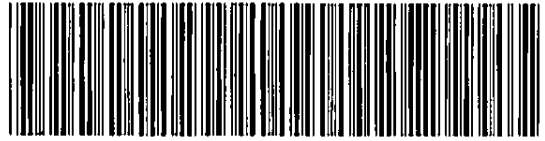
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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*Ra Resignation*

APR 17 2024

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DEMENTIA SPOTLIGHT FOUNDATION  
(Name of Corporation)

**DOCUMENT NUMBER:** F18000005019

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

A. Kel Long, III  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

3290 Northside Parkway NW, Suite 925  
(Address)

Atlanta, GA 30327  
(City/State and Zip Code)

For further information concerning this matter, please call:

A. Kel Long, III at ( 404 ) 238-0174  
(Name of Person) (Area Code & Daytime Telephone Number)

**FILED**  
**2024 APR -2 PM 4:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, A. KEL LONG, III

(Name of Registered Agent)

hereby resigns as Registered Agent for DEMENTIA SPOTLIGHT FOUNDATION

(Name of Corporation)

F18000005019

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

*A. Kel Long, III*  
(Signature of Resigning Agent)

If signing on behalf of an entity:

A. KEL LONG, III

(Typed or Printed Name)

SECRETARY AND REGISTERED AGENT

(Capacity)

2024 APR -2 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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