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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727) 279-5037
Fax Number : (727) 888-1294

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Cheryl@ddtampabay.com

2020 MAY -1 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**REGISTERED AGENT RESIGNATION
DESIGN DWELL, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$87.50 |

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MAY 04 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Design Dwell, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F19000002821

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:

Hilary Zalla

(Name of Person)

FL Patel Law PLLC

(Name of Firm/Company)

360 Central Avenue, Suite 800

(Address)

St. Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Hilary Zalla at (727 800-8097)

(Name of Person) (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, FL Patel Law PLLC

(Name of Registered Agent)

hereby resigns as Registered Agent for Design Dwell, Inc.

(Name of Corporation)

F19000002821

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Hilary Zalla

(Typed or Printed Name)

Manager

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAY - 1 PM 12: 09

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