

F26141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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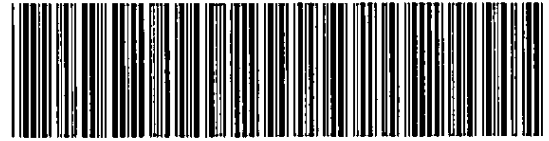
(Business Entity Name)

(Document Number)

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FILED  
2023 JAN -3 AM 10:47  
TALLAHASSEE, FL  
CLERK OF COURT

cf 3/11/2023



December 30, 2022

ALAN R. CHASE  
FREDRIC A. HOFFMAN  
JOSEPH BARRY SCHIMMEL  
DANIEL M. EBERT  
OF COUNSEL  
ROBERT M. SONDAK

Florida Department of State  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

**VIA FEDERAL EXPRESS**

**Re: D.P.C. General Contractors, Inc.**

Dear Sir or Madam:

Enclosed please find an executed Resignation of Registered Agent for a Corporation and an executed Officer/Director Resignation for a Corporation for D.P.C. General Contractors, Inc., Document No. F26141, for resignation of registered agent, officer and director of a corporation. Our check in the total amount of \$122.50 representing both filing fees is enclosed along with an extra copy of each resignation and a pre-paid, self-addressed return envelope. Once filed, kindly return file-stamped copies to our office.

Should you have any questions or need anything further, please do not hesitate to contact us. Thank you in advance for your attention to this matter.

Very truly yours,

**OLGA L. DOMINGUEZ, Florida Registered Paralegal**

Enclosures

20342/00307792; 1

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**

2023 JAN -3 AM 10:47

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, <sup>STATE</sup> ~~TALLAHASSEE, FL~~  
Florida Statutes, the undersigned, DAVID LOPEZ

(Name of Registered Agent)

hereby resigns as Registered Agent for D.P.C. GENERAL CONTRACTORS, INC.

(Name of Corporation)

F26141

(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:

(Typed or Printed Name)

(Capacity)

**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**