

L020000019347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. LUNT

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12/17/09 -01012--022 \*\*160.00

FILED  
2009 DEC 17 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CF 85.00

## 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,

ROSANA STANZIOLA

, hereby resigns as

Name of Registered Agent

Registered Agent for DORAN-KENDALL, LLC

DORAN-KENDALL, LLC

Name of Limited Liability Company

L02000019347

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.



Signature of Resigning Agent

If signing on behalf of an entity:

ROSANA STANZIOLA

Typed or Printed Name

Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC 17 PM 12:14

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### **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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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