

W3000000252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

W3-252

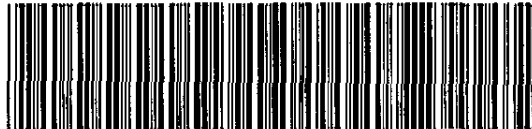
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
10/28 RFA Reo.
~~FIS+DATES~~

Office Use Only

MH



600060163926

10/10/05--10/05/05--0000 **35.00

FILED
05 OCT 28 PM 3:13
STATE
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: L03000000252

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: 605A00063625

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D. E. Agency, L.C.
(Name of Limited Liability Company)

DOCUMENT NUMBER: 203000000252

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 RIEBO
(Name of Person)

(Name of Firm/Company)

3351 S.W. 11007
(Address)

MIAMI, FL 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

EDUARDO DEL RIEBO 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
05 OCT 28 PM 3:13
SECRETARY OF STATE
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,

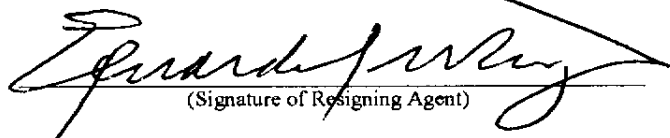
EDUARDO DEL RIEBO, hereby resigns as
(Name of Registered Agent)

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

L03000000 252
(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:

(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

05 OCT 28 PM 3:18
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA