

L03 000021599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

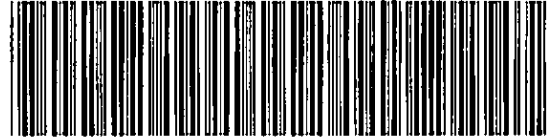
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUL 27 10:11 AM --005 **20.00

FILED
2022 JUL 27 AM 9:51
Filing Office of 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dansco Engineering, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000021599

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:

KEVIN HAROLD
Name of Person

DANSKO ENGINEERING LLC
Name of Firm/Company

5912 FORTUNE PLACE
Address

Apollo Beach, FL 33572
City/State and Zip Code

KEVINH@DANSKOENGINEERING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN HAROLD at (813) 645-0166 XT 127
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

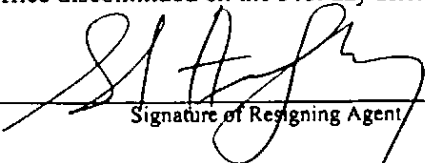
Sam Greenberg, hereby resigns as
Name of Registered Agent

Registered Agent for Dansco Engineering, LLC
Name of Limited Liability Company

L03000021599
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

FILED
2022 JUL 27 AM 9:51
TALLAHASSEE, FL

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