

LU3000030138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

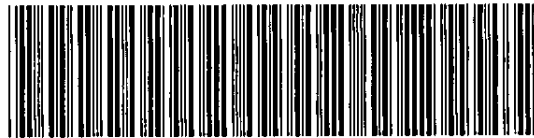
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/22/16--01008--009 \*\*85.00

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DEPARTMENT OF REVENUE

16 FEB 22 AM 10:56

NOT REJECTED  
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SUFFICIENCY OF FILING

FILED

2016 FEB 22 A 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 23 2016

3 MASON

CT

February 22, 2016

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9890436 SO  
Customer Reference 1: Agent Services  
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

D & W Properties, LLC (FL)  
Misc - Domestic LLC Filing - Resignation filing  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D & W Properties, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000030138

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:

Theresa Alfieri

\_\_\_\_\_  
Name of Person

C T CORPORATION SYSTEM

\_\_\_\_\_  
Name of Firm/Company

111 8th Avenue, 13th Floor

\_\_\_\_\_  
Address

New York, New York 10011

\_\_\_\_\_  
City/State and Zip Code

theresa.alfieri@wolterskluwer.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Alfieri

\_\_\_\_\_  
Name of Person

at ( 212 )

\_\_\_\_\_  
Area Code

894-8516

\_\_\_\_\_  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

C T CORPORATION SYSTEM

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for D & W Properties, LLC


\_\_\_\_\_  
Name of Limited Liability Company

L03000030138

\_\_\_\_\_  
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:

C T Corporation System - Theresa Alfieri

\_\_\_\_\_  
Typed or Printed Name

Assistant Secretary

\_\_\_\_\_  
Capacity

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2016 FEB 22 A 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **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**