

L03000052785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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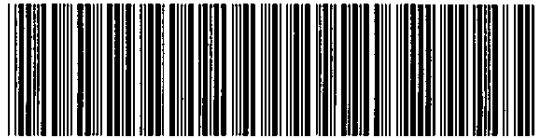
(Business Entity Name)

(Document Number)

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FILED  
09 AUG 24 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*C.A. Coulliette*  
C.COULLIETTE

AUG 26 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DBA DEVELOPMENT, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000052785

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:

MARK A. SLACK, ESQ.  
Name of Person

PAULICH, SLACK & WOLFF, P.A.  
Name of Firm/Company

5147 CASTELLO DRIVE  
Address

NAPLES, FL 34103  
City/State and Zip Code

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

For further information concerning this matter, please call:

MARK A. SLACK, ESQ. at ( 239 ) 261-0544  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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,

CORPORATE REGISTERED AGENT, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for DBA DEVELOPMENT, LLC

Name of Limited Liability Company

L03000052785

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:

MARK A. SLACK

Typed or Printed Name

AS ITS MEMBER

Capacity

FILED  
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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