# 104000008455

(Re	questor's Name)	
(Ad	dress)	<u> </u>
_ (Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne) .
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



200184058842

08/18/10--01026--019 \*\*85.00

10 AUG 18 BH 3: 12
SECRETARY OF STATE
SECRETARY OF STATE



### ★ COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT:	DS GLOBAL INVES	STMENTS, LLC ability Company		
DOCUMENT NUMBER:		L04000008455		
The enclosed Resignation of for filing.	f Registered Agent for a L	imited Liability Comp	any and fee are submitted	
Please return all correspond	ence concerning this matte	er to the following:		
DONALI Namo	O W. WALLIS of Person			
	EY & UPCHURCH, PA Firm/Company			
	NCE DE LEON BLVD ddress			
ST. AUGUS City/State	TINE, FL 32084 and Zip Code			
E-mail address: (to be used) For further information con	OUBULAW.COM for future annual report notifications this matter, please			
DONALD W. W		04 ) 829-9 a Code & Daytime Telep		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 se	ction 608.416(2) (	or 608.509, Florida Sta	itutes, the undersigned,	
	D W. WALLIS	S	_, hereby resigns as	
Name o	f Registered Agent			
Registered Agent for	DS (	GLOBAL INVEST	MENTS, LLC	<u></u>
	Name of Limited	Liability Company		
L040000084		_		
Document Number, if	known			
A copy of this resignation was	mailed to the abov	ve listed limited liabilit	y company at its last kno	wn address.
The agency is terminated and the	ne office discontin	nued on the 31st day af	ter the date on which this	statement is filed.
	mald si	W WWW.	<u>.</u>	
If signing on behalf of an entity	:			TAL SE
			;	CR A
	Туре	d or Printed Name		UG 18 ETAR)
		Capacity		18 PH
				3: 12 STATE FLORIDA
	FILING FE	EES:		1: 81:-
	\$ 85.00 A \$ 25.00 A	Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily dissolve oility company	ed/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314