

L04000046186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

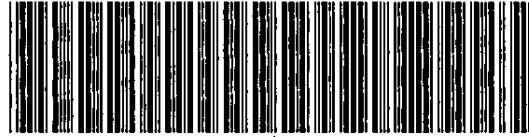
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOSSE SERVICES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L04000046186

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:

MARICELL E CABELLO

Name of Person

BEST ACCOUNTING & TAX SERVICES

Name of Firm/Company

979 NW 126 PATH

Address

MIAMI FL 33182

City/State and Zip Code

mcabello2008@hotmail.com

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

For further information concerning this matter, please call:

Maricell E Cabello

Name of Person

at (305) 310-0980

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SELVIN PAZ

Name of Registered Agent

, hereby resigns as

Registered Agent for _____

DOSSE SERVICES LLC

Name of Limited Liability Company

L04000046186

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:

SELVIN PAZ

Typed or Printed Name

REGISTERED AGENT

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withdrawn limited liability company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

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TALLAHASSEE, FLORIDA