Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : CCDEV LEGAL CORP Account Number : 120060000098 Phone : (239)333-2242 Fax Number : (239)333-2244

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REGISTERED AGENT RESIGNATION

DC701, LLC

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RA Resign

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3/3/2008

From: PHOENIX LAW PARTNERS

239 461 0083

03/03/2008 13:51

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COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: DC701, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L04000051913
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:
Holly Bower
(Name of Person)
Phoenix Law
(Name of Firm/Company)
12800 University Drive, Suite 260
(Address)
Fort Myers, FL 33907
(City/State and Zip Code)
For further information concerning this matter, please call:
Holly Bower at (239) 461-0101
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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239 461 0083

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida State	ites, the undersigned,		
Holly A. Bower, Esq.	, hereby resigns as	ES	08 MAR
(Name of Registered Agent)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22	ÁR AR
Registered Agent for DC701, LLC		55	FILED
		<u> </u>	~p €
(Name of Limited Liability Company)		FL	PH 4: 13
L04000051913		PAR C	w
(Document Number, if known)		**	
A copy of this resignation was mailed to the above listed limited liability The agency is terminated and the office discontinued on the 31st day after (Signature of Resigning Agent)	• •		
If signing on behalf of an entity:			
(Typed or Printed Name)	**************************************		
(Capacity)			
(Capacity)			
		٠.	

\$ 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

INHS17 (08/05)