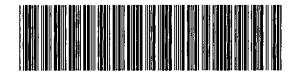
## L04000065884

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TALLAHASSEE FLORIDA

The Same Notes

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DCD FOOTBALL, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L04000065884
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:
Tony C. Dodds
(Name of Person)
Dodds & Farrell, P.A.
(Name of Firm/Company)
1628 South Florida Avenue
(Address)
Lakeland, Fl. 33803
(City/State and Zip Code)
For further information concerning this matter, please call:
Tony C. Dodds at ( 863 ) 688-2389  (Name of Person) (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2	2) or 608.509, Florida Statutes, the	e undersigned,	
Dodds & Farrell, P.A.		, hereh	, hereby resigns as	
	(Name of Registered Agen		, <del>, -</del>	
Registered Agent for _	DCD FOOTBALL,	LLC		
	(Name of Lim	ited Liability Company)	,	
L04000065884				
(Document Nu	mber, if known)	<del></del>		
A copy of this resigna	tion was mailed to the at	pove listed limited liability compa	ny at its last known address.	
If signing on behalf of	(Signa an entity:	ture of Resigning Agent)	ate on which this statement is filed	
Tony C. Dodds Owner			— ARET	
		yped or Printed Name)	TILED Y 16 PM ARY OF S ASSEEFL	
		(Capacity)	ED PM 2: 02 PF STATE FLORIDA	
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluments withdrawn limited liability com	y untarily dissolved/	

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