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To:

Division of Corporations

Fax Number

: (850)617-6380

: CCDEV LEGAL CORP Account Name Account Number : I20060000098 Phone : (239)333-2242

Fax Number : (239)333-2244

## REGISTERED AGENT RESIGNATION

**DC703, LLC** 

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**COVER LETTER** 

| TO: Amendment Section Division of Corporations  |  |
|---|--|
| SUBJECT: DC703, LLC (Name of the Company Number: L0400006)  | of Limited Liability Company)<br>9524  |
| The enclosed Resignation of Registered A for filing.  | agent for a Limited Liability Company and fee are submitted  |
| Please return all correspondence concerni   | ng this matter to the following:   |
| Holly Bower   |  |
| . (Name of Person)  | 0)   |
| Phoenix Law (Name of Firm/Company)  | 08 HAR -3 PH 3   |
| 12800 University Drive, Suite 2   | 260  |
| (Address)  Fort Myers, FL 33907  (City/State and Zip Code   |  |
| For further information concerning this m   |  |
| Holly Bower (Name of Person)  | at ( 239 ) 461-0101 (Area Code & Daytime Telephone Number)   |
| Enclosed is a check made payable to the F liability company or \$25.00 for an admini limited liability company. | Florida Department of State for \$85.00 for an active limited stratively dissolved, voluntarily dissolved or withdrawn |
| 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

HUSUVVVDDDDDD J

## 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,                  |                        |
|---|--|-------------------------------|------------------------|
| Holly A. Bower, Esq. , hereby resigns as        |  |                               | •                      |
| (Name of Registered Agen                        | t)   | , nereby resigns as           |                        |
| Registered Agent for DC703, LLC                 |  |                               | _                      |
| (Name of Limit                                  | ted Liability Company)   |                               | >                      |
| L04000069524                                    |  |                               |                        |
| (Document Number, if known)                     | - Average - Aver |                               |                        |
| A copy of this resignation was mailed to the ab | ove listed limited liability compar  | ny at its last known address. |                        |
| The agency is terminated and the office discont | inued on the 31st day after the day  | te on which this statement is | s fil <b>ed.</b>       |
| - Hou   | Cy Bruse<br>Signature of Resigning Agent)  | <u> </u>                      |                        |
| . (   | Signature of Resigning Agent)  |                               |                        |
| If signing on behalf of an entity:              |  |                               |                        |
|   |  |                               |                        |
| (Т)   | ped or Printed Name)   | <del>_</del>                  | 9                      |
|   | (Capacity)   | 8                             | VISIV                  |
|   | (Capacity)   | <b>를</b>                      | 물품                     |
|   |  | 08 MAR -3                     | OF CO                  |
| FILING F<br>\$ 85.00<br>\$ 25.00                | EES: Active limited liability company Administratively dissolved/ volu withdrawn limited liability com   | <b>P</b>                      | OF STATE<br>RPORATIONS |

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

INHS17 (08/05)