

**LD5000027205**

Florida Department of State  
Division of Corporations  
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**LLC REGISTERED AGENT RESIGNATION  
DP OF NAPLES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$115.00

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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 Statutes, the undersigned,

**Louis W. Cheffy, Esquire**

... hereby resigns as

Name of Registered Agent

Registered Agent for DP of Naples, LLC

Name of Limited Liability Company

**L05000027205**

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:**

**Louis W. Cheffy, Esquire**

**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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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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