

**L05000036177**

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : PHOENIX LAW PARTNERS, P.A.  
Account Number : I20030000088  
Phone : (239)461-0024  
Fax Number : (239)461-0083

REGISTERED AGENT RESIGNATION

DC703OB, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$87.50

85.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. Roberts

JUL 07 2008

7/3/2008

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DC703OB, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L05000036177

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

(Name of Registered Agent)

, hereby resigns as

Registered Agent for DC703OB, LLC

(Name of Limited Liability Company)

L05000036177

(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.

*Holly Bower*

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

**FILING FEES:**

~~\$85.00~~  
\$25.00

Active limited liability company  
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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08 JUL -3 AM 9:56  
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