

LD5000067533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600265702386

10/28/14--01010--014 \*\*85.00

FILED

2014 OCT 28 AM 10:06

CLERK OF STATE  
TALLAHASSEE FLORIDA

OCT 30 2014  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DANIEL STINSON INVESTMENTS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000067533

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:

Daniel Stinson

Name of Person

Daniel Stinson Investments, LLC

Name of Firm/Company

4181 Royal Palm Beach Boulevard

Address

West Palm Beach, Florida 33411

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Stinson

Name of Person

at ( 561 )

Area Code

689-2296

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2014 OCT 28 AM 10:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**LAWRENCE M. BURRELL**

, hereby resigns as

Name of Registered Agent

Registered Agent for **DANIEL STINSON INVESTMENTS, LLC**

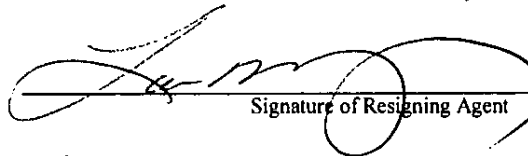
Name of Limited Liability Company

**L05000067533**

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:

Typed or Printed Name

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

2014 OCT 28 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**