

L05000082576

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000019539 3)))



H140000195393ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941) 639-1158
Fax Number : (941) 639-0028

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CL@LodgeConstruction.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 24 AM 8:37

FILED

RECEIVED

14 JAN 24 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
TRIPLE D INVESTMENT GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIPLE D INVESTMENT GROUP, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L05000082576

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:

JACK O. HACKETT II

Name of Person

Farr Law Firm

Name of Firm/Company

99 Nesbit Street

Address

Punta Gorda, Florida 33950

City/State and Zip Code

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

For further information concerning this matter, please call:

Pam Foulk

Name of Person

at (941) 505-9969

Area Code

505-9969

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (12/13)

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

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

GARY A. KAHLE

, hereby resigns as

Name of Registered Agent

Registered Agent for **TRIPLE D INVESTMENT GROUP, LLC**

Name of Limited Liability Company

L05000082576

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

INHS17 (12/13)

FILED
2014 JAN 24 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA