

LD5000084038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

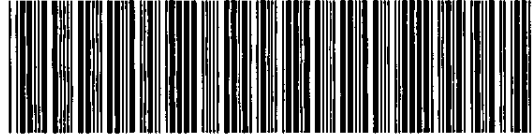
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
15 MAY 22 AM 10:56

MAY 26 2015  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FDF & Associates, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L05000084038

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Michael J. Gasdick**

(Name of Person)

**Gasdick Stanton Early, P.A.**

(Name of Firm/Company)

**390 N. Orange Ave, #260**

(Address)

**Orlando, FL 32801**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Michael J. Gasdick**

(Name of Person)

at **407 423-5203**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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

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

MICHAEL J. GASDICK

, hereby resigns as

Name of Registered Agent

Registered Agent for FDF & ASSOCIATES, LLC

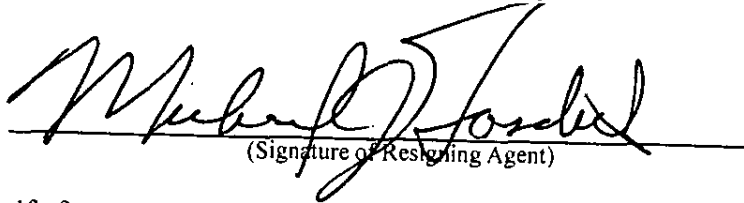
Name of Limited Liability Company

L05000084038

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)

### **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

15 MAY 22 4:10:57