

**LD5000094617**

**Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : COHEN, CHASE, HOFFMAN & SCHIMMEL, P.A.  
Account Number : 102450002676  
Phone : (305) 670-0201  
Fax Number : (305) 670-6152

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

**Email Address:** JSchimmel@miamitaxlaw.com

**REGISTERED AGENT RESIGNATION  
CONSOLIDATED DYE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	<del>\$87.50</del>

**\$85.00**

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

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

Joseph Barry Schimmel

, hereby resigns as

Name of Registered Agent

Registered Agent for Consolidated Dye, LLC

Name of Limited Liability Company

L05000094617

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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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 (2/14)

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