

LO5000112583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

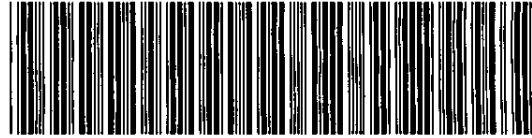
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/07/15--01010--022 **85.00

FILED
15 MAY -7 PM 2:53
MAY 7 2015
FALLA BRASSEE, FLORIDA

LC
HARRIS
MAY 13 2015

R. White

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dothan Lands, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000112583

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:

Megan Hewes
Name of Person

American Incorporators Ltd.
Name of Firm/Company

1013 Centre Road, Suite 403-A
Address

Wilmington, DE 19805
City/State and Zip Code

megan@aillcorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Megan Hewes at (800) 421-2661
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

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

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

Florida Filing Search Services, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for Dothan Lands, LLC

Name of Limited Liability Company

L05000112583

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.

Abbie P. Hodge
Signature of Resigning Agent

If signing on behalf of an entity:

ABBIE P. HODGE
Typed or Printed Name
Vice President
Capacity

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15 MAY -7 PM 2:53
TALLAHASSEE, FLORIDA

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