

LD6000061391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

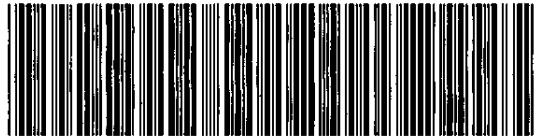
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/10--01011--008 **85.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Tours
5-7-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIMENSION PARTNERS INTERNATIONAL, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000061391

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:

VIVIAN WILLIAMS
Name of Person

CORPORATE PROCESS SERVICE, INC
Name of Firm/Company

2300 CORAL WAY
Address

MIAMI, FLORIDA 33145
City/State and Zip Code

VIVIAN@CANTERATAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIVIAN WILLIAMS at (305) 856-0056
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

RECEIVED
MAY 13 2010
14:08:00
CLERK OF COURT
TALLAHASSEE, FL

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CORPORATE PROCESS SERVICE, INC, hereby resigns as

Name of Registered Agent

Registered Agent for DIMENSION PARTNERS INTERNATIONAL, LLC

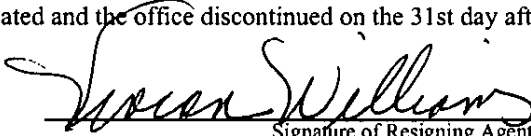
Name of Limited Liability Company

L06000061391

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:

VIVIAN WILLIAMS

Typed or Printed Name

PRESIDENT

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

FILED
MAR 3 9 24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE