

L06000098045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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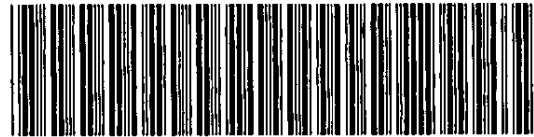
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Don L Leasing, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000098045

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:

Maxwell Lloyd  
Name of Person

Don L Leasing  
Name of Firm/Company

2500 W Sample Road  
Address

Coral Springs, FL 33073  
City/State and Zip Code

max.lloyd01@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maxwell Lloyd at (954) 234.3665  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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## 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,

Robert M Kramer, hereby resigns as  
Name of Registered Agent

Registered Agent for Don L Leasing, LLC  
Name of Limited Liability Company

LO6000098045  
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.

Robert M. Kramer  
Signature of Resigning Agent

If signing on behalf of an entity:

Robert M. Kramer  
Typed or Printed Name  
Registered Agent  
Capacity

### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved  
withdrawn limited liability company

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314