

207000030044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

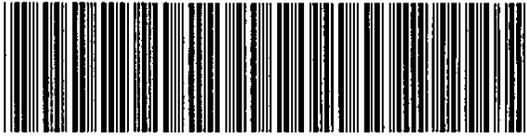
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Duckworth Development, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000030044

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:

G. Alan Howard
Name of Person

Milam Howard Nicandri Dees & Gillam, P.A.
Name of Firm/Company

14 East Bay Street
Address

Jacksonville, FL 32202
City/State and Zip Code

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

For further information concerning this matter, please call:

G. Alan Howard at (904) 357-3660
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Rhonda S. Mowry, hereby resigns as Name of Registered Agent

Registered Agent for Duckworth Development, LLC Name of Limited Liability Company

L07000030044 Document Number, if known

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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.

Rhonda S. Mowry Signature of Resigning Agent

If signing on behalf of an entity:

Duckworth Development, LLC Typed or Printed Name
Managing Member 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