L070000 33075

(Re	equestor's Name)	
(Ad	ldress)	
(A _C	ldress)	
(//	iuiess)	
(Cit	ty/State/Zip/Phone	e #)
	· <u></u>	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(50	Siless Littly Naii	ie)
(Do	cument Number)	_
Certified Copies	_ Certificates	of Status
		· · · · · · · · · · · · · · · · · · ·
Special Instructions to	Filing Officer:	
	,	
		ŀ
		}

X





300163932553

12/28/09--01005--001 **25.00

03/05/10--01043--028 **60.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

63 FP







TO: Amendment Section Division of Corporations

SUBJECT:	OCP SOURCE MAN Name of Limited Li	IAGEMENT LL	<u> </u>
	Name of Limited Li	ability Company	
DOCUMENT NUMBER:_	<u>L07</u>	000033075	
The enclosed Resignation of for filing.	Registered Agent for a L	imited Liability Co	mpany and fee are submitted
Please return all corresponde	ence concerning this matte	er to the following:	
DEBORA Name	AH C POOR of Person		
	ANAGEMENT LLC irm/Company		
	NDSTREET ROAD dress		
	O FL 32809 and Zip Code	-	
DEBORAH.POC E-mail address: (to be used f	DR@YAHOO.COM or future annual report notifications of the control		
DEBORAH C PO	OOR at (4) Area	07) 37 a Code & Daytime Te	60238 Iephone Number
Enclosed is a check made pa liability company or \$25.00 limited liability company.	yable to the Florida Depa for an administratively di	rtment of State for Ssolved, voluntarily	\$85.00 for an active limited dissolved or withdrawn

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2010

DEBORAL C. POOR **2ND MAILING (2ND ADDRESS) DCP SOURCE MANAGEMENT LLC 10213 FALCON MOSS LANE #202 ORLANDO, FL 32832

SUBJECT: DCP SOURCE MANAGEMENT LLC

Ref. Number: L07000033075

We have received your document for DCP SOURCE MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 310A00001284



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2010

DEBORAL C. POOR DCP SOURCE MANAGEMENT LLC 2125 WEST LANDSTREET RD. ORLANDO, FL 32809

SUBJECT: DCP SOURCE MANAGEMENT LLC

Ref. Number: L07000033075

We have received your document for DCP SOURCE MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 310A00001284

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 608.416(2) or 608.509, Florida Statutes, the undersigned,			
DEBORAH C POOR, hereby resigns as				
	Name of Registered Agent			
Registered Agent for	DCP SOURCE MANAGEMENT LLC			
	Name of Limited Liability Company	<u> </u>		
L070000	033075			
Document Nun				
A copy of this resignation	n was mailed to the above listed limited liability company at its last known add	lress.		
-	and the office discontinued on the 31st day after the date on which this statement of Resigning Agent 21 2009	ent is f	filed.	
If signing on behalf of an	entity:			
	DEBORAH C POOR			
-	Typed or Printed Name			
	MGRM			
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	7	10 MAR -5 AM 7:	רנט

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