

LA 07 00000 63046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

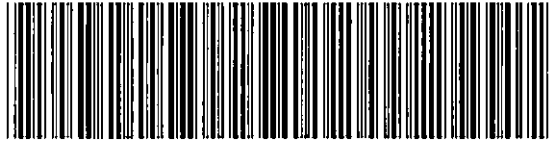
(Business Entity Name)

(Document Number)

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5/29/25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2025

KENNETH G. LANCASTER
5975 SUNSERT DR #604
SOUTH MIAMI, FL 33143

SUBJECT: 12D, LLC
Ref. Number: L07000063046

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for INC/CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s). You may email the corrected documents or any questions you may have to: Vonterica.Williams@DOS.FL.GOV. PDF Format only.

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) 245-6050.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 825A00003475

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 12 D LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 07000063046

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:

Kenneth G Lancaster
Name of Person

KEN LANCASTER, P.A
Name of Firm/Company

5975 Sunset Dr #604
Address

So. Miami, FL 33143
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth G Lancaster at (305) 666-6000
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2025 MAY 29 AM 8:15
DEPT OF STATE
CORPORATION
L. E. J.

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

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

Kenneth G Lancaster, hereby resigns as
Name of Registered Agent

Registered Agent for 12 D LLC
Name of Limited Liability Company

L07000063046
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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

2025 MAY 29 AM 8:15
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS