

U07000077409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

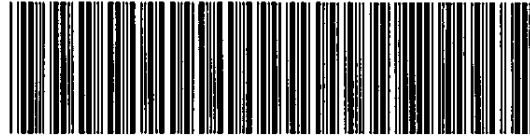
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2014 OCT 23 AM 10:26

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OCT 27 2014
L. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DSE SYSTEMS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L07000077409

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:

David T. Knight, Esquire

Name of Person

Hill Ward Henderson (see below)

Name of Firm/Company

3700 Bank of America Plaza, 101 E. Kennedy Blvd.,

Address

Tampa, FL 33601

City/State and Zip Code

dkim@DSE.net

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

For further information concerning this matter, please call:

Daniel Kim

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF STATE
TALLAHASSEE FLORIDA

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

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

Kevin H. Sutton

, hereby resigns as

Name of Registered Agent

Registered Agent for **DSE SYSTEMS, LLC**

Name of Limited Liability Company

L07000077409

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:

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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA