## L07000110589

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Designer Closeout Outlet LLC	
(Name of Corporation)	
DOCUMENT NUMBER: 107000110589	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	,•
Please return all correspondence concerning this matter to the following:	
Janet Bonneau	
(Name of Person)	
Bonneau Accounting Services, Inc.	
(Name of Firm/Company)	
1106 W. Indiantown Rd Suite 3	
(Address)	
Jupiter, FL 33458	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Janet Bonneau at (561 ) 747-0160  (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Epelosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation.	pora
Street Address: Mailing Address:	

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	0/.0302(2), 61/.0302(2), 60/.1309, or 61/.	.1509,		
rida Statutes, the undersigned, Richard A. Bonneau CPA				
	(Name of Registered Agent)			
hereby resigns as Registered Agent for	Designer Closeout Outlet Ll	LC		
	(Name of Corporation)	·		
L07000110589				
(Document Number, if known)	<del>_</del>			
A copy of this resignation was mailed to	o the above listed corporation at its last kno	wn address.		
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on which		
$\mathcal{Q}\mathcal{Q}_{(Si)}$	gnature of Resigning Agent)			
If signing on behalf of an entity:		العار الشاري		
		D		
	Typed or Printed Name)			
		9		
	(Capacity)			
(Document Number, if known)  A copy of this resignation was mailed to the agency is terminated and the office this statement is filed.  If signing on behalf of an entity:	discontinued on the 31st day after the date  Typed or Printed Name)	on which		

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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