L07000/19274

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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N. Cuttigen APR 2 9 2011

COVER LETTER

DD115	
SUBJECT: DRME, L Name of Limited Lia	LC bility Company
DOCUMENT NUMBER: L070	
The enclosed Resignation of Registered Agent for a Li for filing.	mited Liability Company and fee are submitted
Please return all correspondence concerning this matter	r to the following:
Mark Eklo	
Name of Person	
DRME, LLC	
Name of Firm/Company	
3360 Bavaria Rd.	
Address	
Chaska, MN 55318	
City/State and Zip Code	
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please of	•
Mark Eklo at (81 Name of Person Area	3 777-0015 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 ur	idersigned,	
Jonathan James Da	amonte, Chartered , hereby n	esigns as	
Name of Regis	· · · · · · · · · · · · · · · · · · ·	2018:10 40	
Registered Agent for	DRME, LLC		
Na	me of Limited Liability Company	,	
L07000119274 Document Number, if known			
A copy of this resignation was mailed	to the above listed limited liability company a	nt its last known address.	
The agency is terminated and the offi	ce discontinued on the 31st day after the date of	on which this statement is fil	led.
If signing on behalf of an entity:	Signature of Resigning Agent		SEC.
	Jonathan James Damonte Typed or Printed Name	APR 28	ON OF A
	President Capacity	PH 2-56	Y OF STAIL CORPORATIO
			×

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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