

LD8000038515Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC
Account Number : I200900000001
Phone : (239) 213-0066
Fax Number : (239) 213-0698FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 SEP 28 AM 8:34

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RECEIVED
12 SEP 28 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDALLC REGISTERED AGENT RESIGNATION
DAR LEASING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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C. LEWIS

OCT - 1 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAR LEASING, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000038515

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:

RACHEL HALL
Name of Person

ADVOCATE CONSULTING LEGAL GROUP, PLLC
Name of Firm/Company

3073 HORSESHOE DR S STE 210
Address

NAPLES, FL 34104
City/State and Zip Code

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

For further information concerning this matter, please call:

RACHEL HALL at (239) 213-0066
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

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

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

LOUIS M. MEINERS, JR.

Name of Registered Agent

, hereby resigns as

Registered Agent for

DAR LEASING, LLC

Name of Limited Liability Company

L08000038515

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

FILED
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