## #108000057531

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## **COVER LETTER**

SUBJECT: DJP I TOUY ILLC

Name of Limited Liability Company L02000057531 DOCUMENT NUMBER:\_\_\_\_ 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: Jay Koenigsberg Name of Person Isicoff, Ragatz & Koenigsberg Name of Firm/Company Suite 1900, 1200 Brickell Ave. Address Miami, FL 33131 City/State and Zip Code softness@irlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michele Softness Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

T0:

Registration Section Division of Corporations

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

Pursuant to the provisions of	f section 605.0115, F	lorida Statutes	s, the undersi	gned,	
Jay Koenigsberg			, հ	ereby resigns as	300 - 1
Nan	ne of Registered Agent			, i.e. gain	
Registered Agent for	DJP It	aly	, LL C	· 	True To
					56
	Name of Limited	Liability Compa	ny	<del></del>	
LOS OOC	)57531 , if known	-			
A copy of this resignation w	as mailed to the aboy	e lisjed limite	d liability co	mpany at its last k	nown address.
The agency is terminated and	d the office discontin	ued on the 3/19	st day after th	ne date on which t	his statement is filed.
If signing on behalf of an en	tity:	pature of Resign	ing gent	<del></del>	
<del></del>		anacity			

FILING FEES:

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withdrawn limited liability company \$ 25.00

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