

LO80000 62675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

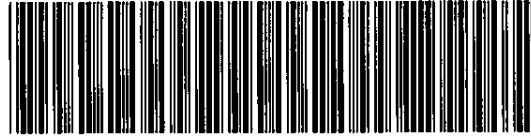
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800227859038

04/13/12--01029--027 **85.00

FILED
12 APR 13 AM 10:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

W. G. G. APR 16 2012

COVER LETTER

TO: Amendment Section
Division of Corporations.

SUBJECT: DNH Solutions, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 108000062675

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:

Christine Sternberg
Name of Person

Name of Firm/Company

422 E. Royal Flamingo
Address

Sarasota, FL 34236

kikesteinberg@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Steinberg at (941) 718-3435
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Christine Steinkorg, hereby resigns as
Name of Registered Agent

Registered Agent for Ortho Solutions, LLC.

Name of Limited Liability Company

208000062675
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
12 APR 13 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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