# L08000080616

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### **COVER LETTER**

SUBJECT: Delta Services Group, LLC  Name of Limited Liability Company
Name of Limited Liability Company
DOCUMENT NUMBER: L08000080616
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:
Douglas A. Peebles, Esq.
Name of Person
Peebles & Moriarty, P.A.
Name of Firm/Company
1111 3rd Avenue W., Suite 210
Address
Bradenton, Florida 34205
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Douglas A. Peebles, Esq. at ( 941 ) 744-0075  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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, I	Torida Statutes, the under	signed,		
Peeble	es & Moriarty, P.A.	, hereby resig	ns as		
	e of Registered Agent	,,,			
Registered Agent for Delta Services Group, LLC					
	Name of Limited Liability Com	pany		,	
L08000080	616				
Document Number,	if known				
A copy of this resignation wa	s mailed to the above listed limit	ed liability company at its	: last known addr	ess.	
The agency is terminated and	the office discontinued on the 3	Ist day after the date on w	hich this stateme	nt is filed	l.
_<	Signature of Resignature	gning Agent	SECRE TALLA	<b>11</b> 0	
If signing on behalf of an enti	y:		HAS.	그 그	η
<u>_</u> f	EEBCES & / Typed or Printed Nan	MORIARTY,	P. A.F.	CI -5 /WI	ロロフ
	DRESIDENT.		OR A	••	
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Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314