

LD9UW009999

(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:

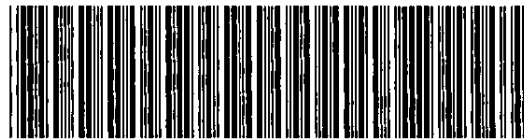
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OCT 24 2012

EXAMINER



500241062265

10/23/12--01003--019 **25.00

FILED
12 OCT 23 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D M I EDUCATIONAL TRAINING LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000009999

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:

HARRY M SAMUELS
Name of Person

REGISTERED AGENTS OF SOUTH FLORIDA
Name of Firm/Company

2901 STIRLING ROAD #307
Address

FT LAUDERDALE, FL 33312
City/State and Zip Code

HARRY@SAMUELSACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARRY M SAMUELS at (954) 966-1350
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
12 OCT 23 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
12 OCT 23 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

HARRY M SAMUELS

, hereby resigns as

Name of Registered Agent

Registered Agent for D M I EDUCATIONAL TRAINING LLC

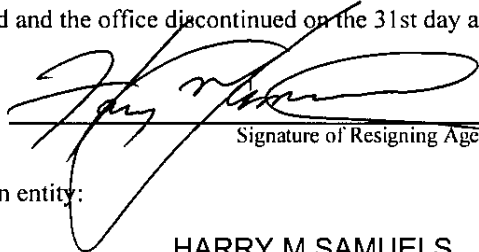
Name of Limited Liability Company

L09000009999

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:

HARRY M SAMUELS

Typed or Printed Name

REGISTERED AGENT

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