L096000 51135

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
. (Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
Special instructions to 1 ming officer.				





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2017 OCT 30 PK 3: 31

K. SALY OCT 3 1 2017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:DH	ILLON PROPERT	Y GROU	P FLORIDA, LLC	
SOBULCT.	Name of Limite	d Liability	Company	
DOCUMENT NUMBER:	MENT NUMBER:L09000051135			
The enclosed Resignation of R for filing.	legistered Agent for	a Limited	Liability Company and i	ee are submitted
Please return all correspondence	ce concerning this n	natter to th	e following:	
Kaitie	Sperry			
Name of	Person			
Corporate	Direct, Inc.			
Name of Fire	m/Company			
2248 Meridia	n Blvd., Ste H			
Addi	ress			
Minden, N	NV 89423			
City/State ar	nd Zip Code			
info@corpor	ratedirect.com			
E-mail address: (to be used for	future annual report no	tification)		
For further information concer	ming this matter, plo	ease call:		
Kaitie Sperry	, at (775	782-2201	
Name of Person		Area Code	Daytime Telephone Num	ber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.0115, Florida Statutes, the	undersigned,
G	erri Detweiler	, hereby resigns as
Narr	ne of Registered Agent	
Registered Agent for	DHILLON PROPERTY	GROUP FLORIDA, LEC.
	Name of Limited Liability Company	O PR
L09000051135		بپ
Document Number, if known		
A copy of this resignation w	as mailed to the above listed limited lia	bility company at its last known address.
The agency is terminated and	d the office discontinued on the 31st da	y after the date on which this statement is filed.
	Deterreile Signature of Resigning	ું દુરાત
If signing on behalf of an en	tity:	
	Gerri Detweiler	
	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