

L09000115488

(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



900175714579

04/22/10--01007--009 **85.00

APPROVED
AND
FILED
10 APR 22 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 26 2010
12:00 PM
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dee&Gees LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000115488

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:

Gina Ferrante
Name of Person

Name of Firm/Company

238 SW Ray Avenue
Address

Port St Lucie, FL 34983
City/State and Zip Code

myferrante5@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Ferrante at (772) 370-6471
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RECEIVED
2010 APR 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

Gina Ferrante

Name of Registered Agent

, hereby resigns as

Registered Agent for Dee & Gees LLC

Name of Limited Liability Company

L09000115488

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:

Typed or Printed Name

Capacity

APPROVED
AND
FILED
10 APR 22 PM 2:25
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