

L10000115734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

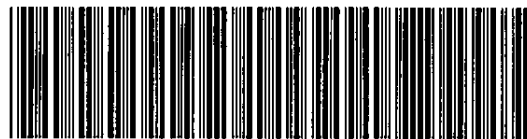
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600261362796

06/23/14--01014--016 **85.00

FILED
14 JUN 23 AM 11:24
TALLAHASSEE, FLORIDA

RA Resignation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DARMAH LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L10000115734

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:

Name of Person

CORDERO & ASSOCIATES, P.A.

Name of Firm/Company

200 South Biscayne Blvd., Ste. 4650

Address

Miami, FL 33131

City/State and Zip Code

lcordero@corderoassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis A. Cordero

at (305) 777-2677

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

FILED
14 JUN 23 AM 11:34
TALLAHASSEE, FL
SECRETARY OF STATE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Cordero & Associates, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for **DARMAH LLC**

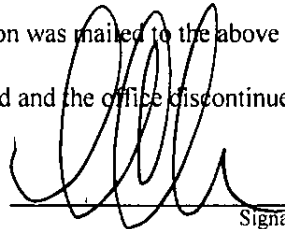
Name of Limited Liability Company

L10000115734

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:

Luis A. Cordero

Typed or Printed Name

President

Capacity

FILED
14 JUN 23 AM 11:34
TALLAHASSEE, FL 32314

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**