

L11000023019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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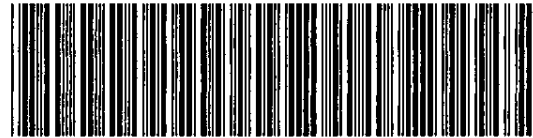
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

MAR 21 2012

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DMA Shakerwood, LLC.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 411000023019

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:

Jeffery B. Bock  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

1880 N. Congress Ave #302  
Address

Brynton Beach, FL 33426  
City/State and Zip Code

doucetmartin@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Doucet at (415) 939-1735  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

Cheryl L. Martin, hereby resigns as  
Name of Registered Agent

Registered Agent for DMA Shakerwood, LLC.  
Name of Limited Liability Company

211000023019  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

Doucet, Martin And Associates, Inc.  
Typed or Printed Name  
President  
Capacity

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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