LIIDOO SII

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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13 MAY 20 PM 2: 39

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COVER LETTER

SUBJECT: D & B DISTRIBL	ITING LLC
SUBJECT: D & B DISTRIBL Name of Limited Lia	bility Company
DOCUMENT NUMBER: L110	000081113
The enclosed Resignation of Registered Agent for a Lifton filing.	mited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
ROBIN MOLT Name of Person	
Name of Person	
CORPORATION SERVICE COMPANY	분유 芯
Name of Firm/Company	
80 STATE STREET 10TH FL	13 MAY 20 PH EXACT OF STATES
Address	
ALBANY NY 12207 City/State and Zip Code	FEURIE 39
City/State and Zip Code	- 50
RMOLT@CSCINFO.COM E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please of	call:
ROBIN MOLT at (51 Name of Person Area	8 433-7018 Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Depar liability company or \$25.00 for an administratively distinuted liability company.	tment of State for \$85.00 for an active limited solved, voluntarily dissolved or withdrawn
MAILING ADDRESS: ST	CREET ADDRESS:

Amendment Section Division of Corporations

:OT.

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

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of secti	ion 608.416(2) or 608.509, Florida Sta	ntutes, the undersigned,	
CORPORATION	SERVICE COMPANY	, hereby resigns as	
Name of F	Registered Agent	_, , , ,	
Registered Agent for	D & B DISTRIBUT	ING, LLC	
	Name of Limited Liability Company		
L11000081113	-		
Document Number, if known	own		
A copy of this resignation was ma	niled to the above listed limited liability	y company at its last known addres	3S.
	office discontinued on the 31st day aff	fer the date on which this statemen	t is filed.
	Robert Molt Signature of Resigning Agent		
If signing on behalf of an entity:		LULANASS	, 1
	ROBIN MOLT	ASS) hamen
,, .	Typed or Printed Name	· · · · · · · · · · · · · · · · · · ·	2
	asst secretary		
, <u>w</u>	Capacity	TORRUSA ORRUSA	<i>ა</i>

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

COVER LETTER

SUBJECT:	D & B DIS Name of L	STR	IBUTIN	IG, LL	.C		
	Name of L	imited	l Liability	Compa	ny		
DOCUMENT NUMBER:		L	<u> 110000</u>	<u> 28111</u>	3		
The enclosed Resignation of for filing.	f Registered Ager	nt for	a Limite	d Liabil	ity Company	and fee are submitte	d
Please return all correspond	lence concerning t	his m	atter to t	he follo	wing:		
_						3	
ROB	IN MOLT					芸 "	,,,
Name	of Person			-		72	ندم پدر حوسور ج
CORPORATION	SERVICE COM	PANY	,			13 MAY 20 PM PS 39	
Name of	Firm/Company		120	•		70 70	ξ.
						39	
	TREET 10TH FL	-		-		17. 17.	
A	ddress						
	NY 12207 and Zip Code			-			
•	•						
RMOLT@ E-mail address: (to be used	CSCINFO.COM			-			
E-mail address: (to be used	for future annual rep	ort noti	ification)				
For further information con	cerning this matte	r, plea	ase call:				
ROBIN MO		at (518)	433-7018	3	
Name of Per	ion.	Δ	rea Code	- Xr 13av/1	ime Lelenhone	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

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

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,			
CORPORATIO	ON SERVICE COMPANY , hereb	v resigns as			
Name	Name of Registered Agent				
Registered Agent for	D & B DISTRIBUTING, LL	<u>C</u>			
<u></u>	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·			
L11000081					
Document Number,	if known				
A copy of this resignation was	s mailed to the above listed limited liability compan	y at its last known address.			
The agency is terminated and	the office discontinued on the 31st day after the day corporation Service Company	te on which this statement is filed.			
	Robin Molt Signature of Resigning Agent	13 HAY 20			
If signing on behalf of an enti	ty:	(20)			
	ROBIN MOLT				
	Typed or Printed Name				
	asst secretary	_			
	Capacity				

FILING FEES: \$ 85.00 Activ Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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