

L11000122316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

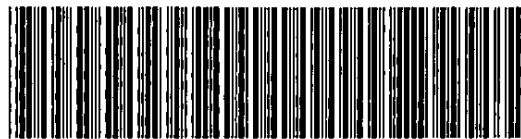
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD
JAN 23 2012
EXAMINER



900217656999

01/20/12--01058--001 **55.00

01/20/12--01058--002 **30.00

FILED
12 JAN 20 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Damost LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000122316

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:

Johnny D Carter
Name of Person

Damost "LLC"
Name of Firm/Company

2902 Eagle Preserve Blvd.
Address

Jacksonville, FL 32226
City/State and Zip Code

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

For further information concerning this matter, please call:

Darrell Carter at (904) 735-0219
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Johnny D Carter

Name of Registered Agent

, hereby resigns as

Registered Agent for

Damost LLC

Name of Limited Liability Company

L11000122316

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.

J. Darrell Carter

Signature of Resigning Agent

If signing on behalf of an entity:

J. Darrell Carter

Typed or Printed Name

Capacity

FILED
12 JAN 20 PM 1:43
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

Left business
on 12/31-26
possible, please
make effective
12/31/11