

L12000059545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

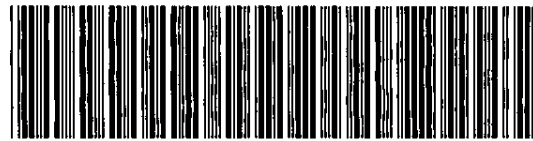
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 22 AM 7:25

OCT 31 2014

T. CARTER

PA Presign LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Destrier Consulting Service, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 112000059545

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:

Avery S. Chapman
Name of Person

Name of Firm/Company

12008 South Shore Blvd., Ste. 107
Address

Wellington, FL 33414
City/State and Zip Code

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

For further information concerning this matter, please call:

Avery Chapman at (561) 753-5996
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2014

AVERY S. CHAPMAN
12008 SOUTH SHORE BLVD
SUITE 107
WELLINGTON, FL 33414 US

SUBJECT: DESTRIER CONSULTING SERVICE LLC
Ref. Number: L12000059545

We have received your document for DESTRIER CONSULTING SERVICE LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 414A00021201

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REGULATORY
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Avery S. Chapman, hereby resigns as
Name of Registered Agent

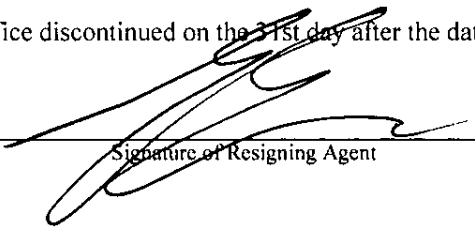
Registered Agent for Destrier Consulting Service, LLC

Name of Limited Liability Company

L1200005954S
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

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

FILED
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TALLAHASSEE, FLORIDA
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