

L12000069171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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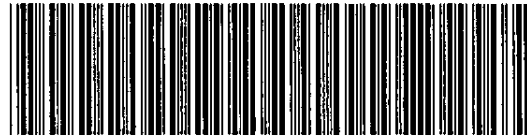
(Business Entity Name)

(Document Number)

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T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dubose and Sturdivant Capital Group, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000069171

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:

Christian Sturdivant

Name of Person

Dubose Sturdivant Capital Group, LLC

Name of Firm/Company

242 E. Glenarm St. #8

Address

Pasadena, CA 91106

City/State and Zip Code

csturdy5@aol.com

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

For further information concerning this matter, please call:

Christian Sturdivant at (**310**) **612-9691**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Christian Sturdivant

, hereby resigns as

Name of Registered Agent

Registered Agent for Dubose and Sturdivant Capital Group, LLC

Name of Limited Liability Company

L12000069171

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:

Christian Sturdivant

Typed or Printed Name

Managing Member

Capacity

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DIVISION OF CORPORATIONS
13 AUG 19 PM 12:17

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