

L13000066312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

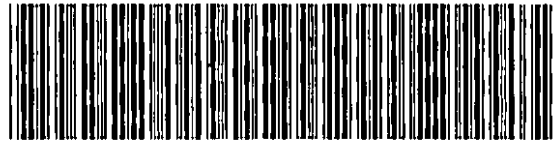
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800329408788

05/23/19--01007--011 **85.00

FILED
19 MAY 23 AM 8:48
COURT CLERK
VICTORIA

O SIMMONS

JUN 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHDM VENICE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000066312

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:

Joshua O. Dorcey

Name of Person

The Dorcey Law Firm, PLC

Name of Firm/Company

10181 Six Mile Cypress, Suite C

Address

Fort Myers FL 33966

City/State and Zip Code

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

For further information concerning this matter, please call:

Joshua O. Dorcey

Name of Person

239

Area Code

418-0169

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

DLF Registered Agent Service, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for CHDM VENICE, LLC

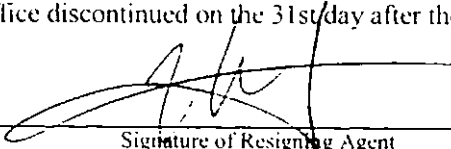
Name of Limited Liability Company

L13000066312

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
MAY 23 AM 8:48
TALLAHASSEE, FLORIDA