

L13000088476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

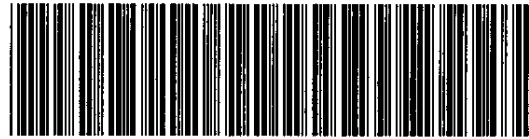
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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C. Lewis
9-10-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dennis2005, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000088476

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:

Joseph M. Knoblock

Name of Person

Name of Firm/Company

8940 Shallowford Rd.

Address

Knoxville, TN 37923

City/State and Zip Code

perception14@outlook.com

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

For further information concerning this matter, please call:

Joseph Knoblock

Name of Person

at (865) 313-9320

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Welton Law Firm, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Dennis2005, LLC

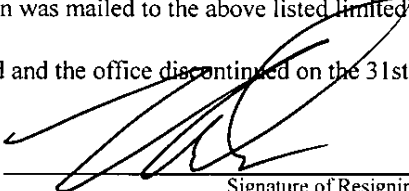
Name of Limited Liability Company

L13000088476

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:

Mark Welton

Typed or Printed Name

Attorney

Capacity

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP -4 PM 3:04

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**