

L14 0000 16049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

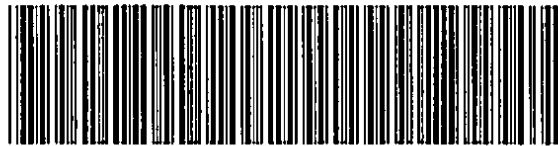
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Design Art Concepts LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: 414000016049

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:

Gregory R Elden  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

707 SW 17th St  
Address

Fort Lauderdale FL 33315  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gregory Elden at ( 305 ) 546 1061  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

USE what's on this contract and  
pass data to the other

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

Gary R Elden, hereby resigns as  
Name of Registered Agent

Registered Agent for Design Art Concepts LLC  
Name of Limited Liability Company

L14000016049  
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.

Gary R Elden  
Signature of Resigning Agent

If signing on behalf of an entity:

Gary R Elden  
Typed or Printed Name  
Registered Agent  
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