L140000 80543

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
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Special Instructions to Filing Officer:					





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COVER LETTER

Division of Corporations
SUBJECT: Dunham Goodwin LLC Name of Limited Liability Company
DOCUMENT NUMBER: L14000080543
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ons of section 605.011	15, Florida Statutes, the unde	rsigned,		
United States Corporation Agents, Inc.			, hereby resigns as		
Name of Registered Agent			, Hereby resigns as		
Registered Agent for D	unham Goodwin	LLC			
	Name of Lie	nited Liability Company		·	
	Name of Lin	unted Claothty Company			
L14000080543					
Document No	umber, if known				
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last know	n address.	
The agency is terminate	d and the office disco	ontinued on the 31st day afte	r the date on which this s	statement is filed.	
		ik Treutlein			
		Signature of Resigning Agent			
If signing on behalf of a	n entity:		Į.	202	
Erik Treutlein			Ĺ,	- T	
		Syped or Printed Name		<u> </u>	
Typed or Printed Name Vice President for United States Corporation Agents, Inc.					
		Capacity		FILED	
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	777 1816			RATE O	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dissolved ty company	> /	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314