

L15000038375

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
HALLMARK BUILDING  
MONTGOMERY, AL

*Re Resignation*

JUN 02 2023

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Uptime Investment, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L15000038375

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:

Tamara Korhonen  
Name of Person

Uptime Investment, LLC  
Name of Firm/Company

9592 118th lane  
Address

Seminole, FL 33772  
City/State and Zip Code

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

For further information concerning this matter, please call:

Tamara Korhonen at ( 248 ) 787-7986  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2023 MAR 29 AM 11:12  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

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

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

Tamara Korhonen

Name of Registered Agent

, hereby resigns as

Registered Agent for Dptime Investment, LLC

Name of Limited Liability Company

L15000038375

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:

Tamara Korhonen

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

SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 MAR 29 AM 11:42

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