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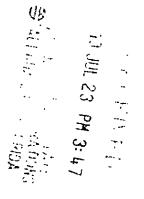
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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DP MILLER, LLC	2	 	-	
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			<u> </u>	
			İ	Art of Inc. File
			1	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
			<u> </u>	RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u>✓</u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
			<u> </u>	Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: BA	7/23/19			UCC 1 or 3 File
Name	Date	Time	<u> </u>	UCC 11 Search
W-11- 7.	Maria wa a sa			UCC 11 Retrieval
Walk-In	_ Will Pick Up		1 _	Courier

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statu	ites, the undersigned,
Christopher S. Furlong	, hereby resigns as
Name of Registered Agent	, nereby resigns as
Registered Agent for DP Miller, LLC	
Name of Limited Liability Com	ıpany ,
L15000043974	
Document Number, if known	
A copy of this resignation was mailed to the above listed lim	ited 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 Resi	igning Agent
If signing on behalf of an entity:	Igning Agent JUL 23
Typed or Printed Nar	me ne
Capacity	

\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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