

L15000062648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

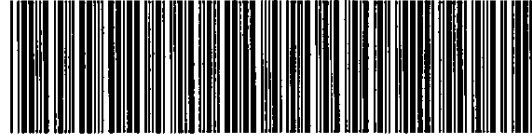
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900312038229

04/20/18--01024--009 **85.00

FILED
2018 APR 20 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA
APR 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Duck Duck, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L15000062648

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:

S. Thomas Peavey Hoffer

Name of Person

Matthews & Jones, LLP

Name of Firm/Company

4475 Legendary Drive

Address

Destin, FL 32541

City/State and Zip Code

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

For further information concerning this matter, please call:

S. Thomas Peavey Hoffer

850

837-3662

Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Stefan Thomas Peavey Hoffer

, hereby resigns as

Name of Registered Agent

Duck Duck, LLC

Registered Agent for

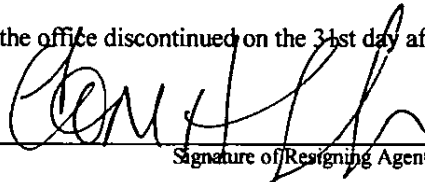
Name of Limited Liability Company

L15000062648

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:

Typed or Printed Name

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

FILED
2018 APR 20 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA