

L16000113911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

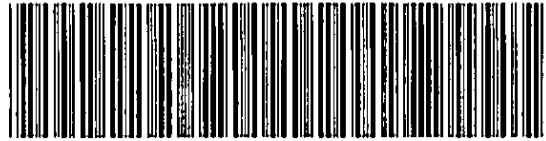
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JAN 27 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Permfot LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: 320 A 00000709

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:

Annette Joye  
Name of Person

Permfot LLC  
Name of Firm/Company

133 Old Augusta Dr.  
Address

Pawleys Island SC 29585  
City/State and Zip Code

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

For further information concerning this matter, please call:

Annette Joye at ( 443 ) 280 0952  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2020

ANNETTE JOYCE  
133 OLD AUGUSTA DRIVE  
PAWLEYS ISLAND, SC 29585

SUBJECT: DERMFOOT LLC  
Ref. Number: L16000113911

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 320A00000709

RECEIVED

2020 JAN 24 PM 2:02

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

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

Michael Wiersbicki, hereby resigns as  
Name of Registered Agent

Registered Agent for Dermfoot LLC  
Name of Limited Liability Company

N/A  
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.

Mark Whelan  
Signature of Resigning Agent

If signing on behalf of an entity:

Michael Wiersbicki  
Typed or Printed Name  
Resident 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