

To: Division of Corporations

2017-11-06 PM 12:35 (GMT)

18138307415 From: Robert Graham

11/6/2017

Division of Corporations

Florida Department of State ((H17000292208 3)))  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ROBERT GRAHAM CPA & ASSOC.  
Account Number : I20070003089  
Phone : (813)260-4103  
Fax Number : (813)260-8863 **830-7415**

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: admin@robertgrahamcpa.com

2017 NOV -6 PM 12:30

LLC REGISTERED AGENT RESIGNATION  
DSM FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 NOV -6 AM 9:10

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S. WARREN

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**COVER LETTER**

((H17000292208 3)))

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DSM FLORIDA LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000136295

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:

ROBERT GRAHAM

Name of Person

ROBERT GRAHAM CPA LLC

Name of Firm/Company

1518 NORWICK DR

Address

LUTZ, FL 33559

City/State and Zip Code

ADMIN@ROBERTGRAHAMCPA.COM

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

For further information concerning this matter, please call:

ROBERT GRAHAM CPA

Name of Person

at ( 813 ) 260-4103

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

**BRYSON S RAVER**

, hereby resigns as

Name of Registered Agent

Registered Agent for **DSM FLORIDA LLC**

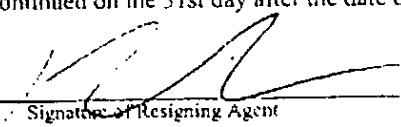
Name of Limited Liability Company

**L16000136295**

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

FILED  
17 NOV -6 AM 9:10  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA**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

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