

L16000136295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

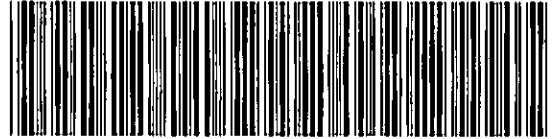
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 29 2020

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2020 JUN 29 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 15 2020

COVER LETTER

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:

Mark Hildreth

Name of Person

Shumaker, Kendrick and Loop

Name of Firm/Company

240 S. Pineapple Avenue, Suite 1000

Address

Sarasota, FL 34236

City/State and Zip Code

skerrigan@shumaker.com

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

For further information concerning this matter, please call:

Suellen Kerrigan

941

364-2749

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
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.

Mark Bower

_____, hereby resigns as
Name of Registered Agent

Registered Agent for DSM Florida, LLC

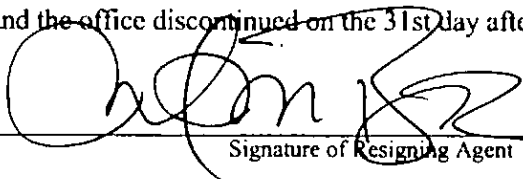
Name of Limited Liability Company

L16000136295

Document Number, if known

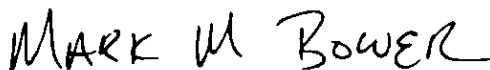
A copy of this resignation was mailed to the above listed limited liability company at its last known address.

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
MANAGER / REGISTERED AGENT

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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SECRETARY OF STATE
TALLAHASSEE, FL

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314