

L17000098991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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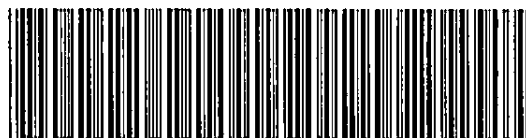
(Business Entity Name)

(Document Number)

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17 OCT 11 AM 10:49
TALLAHASSEE, FLORIDA

2017 OCT 10 PM 4:30
TALLAHASSEE, FLORIDA

OCT 12 2017

YSLKFF

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

DEBRA SIWINSKI

Name of Registered Agent

, hereby resigns as

Registered Agent for DS HOME ALTERATIONS & DESIGN LLC

Name of Limited Liability Company

L17000098991

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.

Debra Siwinski

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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