

4/5/2021

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

Phone : (407)841-1200

Fax Number : (407)423-1831

**Enter the email address for this business entity to be used for future
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Email Address: _____

LLC REGISTERED AGENT RESIGNATION
DELKRINANTE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

APR -6 2021

M. SOLOMON

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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,

Dean Mead Services, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for

Delkrinante, LLC

Name of Limited Liability Company

L17000193784

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.

Dean Mead Services, LLC

By:

Signature of Resigning Agent

If signing on behalf of an entity:

Christopher R. D'Amico

Typed or Printed Name

Vice President of Sole Member

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withdrawn limited liability company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

INHS17 (2/14)

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2021 APR -5 AM 10:15

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