L18000054851

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

DO GOOD DMG, LLC SUBJECT:
Name of Limited Liability Company
DOCUMENT NUMBER: L18000054851
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:
Connie Hogan
Name of Person
Unisearch, Inc.
Name of Firm/Company
1780 Barnes Blvd. SW
Address
Tumwater, WA 98512
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
·
For further information concerning this matter, please call:
Connie Hogan at (360) 956-9500 x118 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115, Florida	a Statutes, the undersigned,			
Unisearch, Inc.		herehy resis	, hereby resigns as		
1	; norce) 10018				
Registered Agent for	DO GOOD DMG, LLC				
	Name of Limited Liabil	ity Company			1
L180000548	51				
Document Nurr	nber, if known				
A copy of this resignation	was mailed to the above list	ed limited liability company at it	s last knowr	ı addre:	SS.
The agency is terminated	and the office discontinued of	on the 31st day after the date on v	which this sta	atemen	t is filed
	Eurice Jean	200 Cof Resigning Agent			
If signing on behalf of an	entity:		- •		
_	Connic Hog	an	51.	2021 APR 26	
	Typed or Pri	nted Name	<u> </u>	Ąρ	*******
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	FILING FEES: \$ 85.00 Active \$ 25.00 Admin withdr	limited liability company istratively dissolved/ voluntarily awn limited liability company	dissolved/	94	

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