

L19 000144 279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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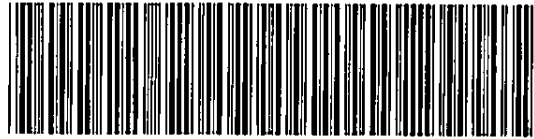
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dobbins Hauling LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000144279

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:

Jennifer Peters
Name of Person

MyCompanyWorks, Inc.
Name of Firm/Company

187 E. Warm Springs Road, Suite B
Address

Las Vegas, NV 89119
City/State and Zip Code

agent@mycompanyworks.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Peters 702 362-2677
Name of Person at () Daytime Telephone Number
Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

MyCompanyWorks, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Dobbins Hauling LLC

Name of Limited Liability Company

L19000144279

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:

Jennifer Peters

Typed or Printed Name

Authorized Representative

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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