

L19 000 185 352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

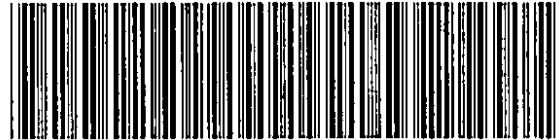
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JAN 27 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOLLY LENZ REAL ESTATE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000185352

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:

Jeri L. Woody

Name of Person

Law Office of Sam J. Saad III

Name of Firm/Company

2670 Airport Road South

Address

Naples, Florida 34112

City/State and Zip Code

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

For further information concerning this matter, please call:

Jeri L. Woody

Name of Person

at (239)

Area Code

963-1635

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

19 DEC 23 AM 8:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

TIFFANY MCQUAID _____, hereby resigns as

Name of Registered Agent

Registered Agent for DOLLY LENZ REAL ESTATE LLC

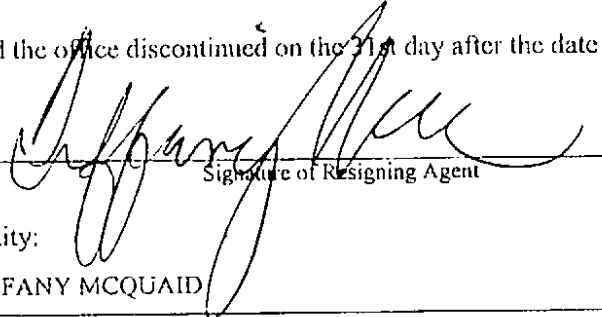
Name of Limited Liability Company

L19000185352

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 21st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

TIFFANY MCQUAID

Typed or Printed Name

MANAGER

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

19 DEC 23 AM 8:25
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA