119000220157

	(Requestor's Name)	_		
	(Address)	_		
	(Address)	_		
	(City/State/Zip/Phone #)	_		
PICK-UI	P WAIT MAIL			
	(Business Entity Name)	_		
(Document Number)				
Certified Copies	Certificates of Status	_		
Special Instructions to Filing Officer:				
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Ra Resignation

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COVER LETTER

Division of Corporations		
SUBJECT: Dove Research Labelity Company		
DOCUMENT NUMBER: <u> </u>		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	e subr	nitted
Please return all correspondence concerning this matter to the following:		
Name of Person Driven Rosearch LhC. Name of Firm/Company 201 Agdeira Due- Address		
Address	20	- <u></u>
Roral Sables F.L. 33134 City/State and Zip Code	20 JAN 27 A	
	AN IO: 39	= -
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	ည္ပ	
Favior Acroso Lamazores at (305) 677 2275 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Street Address:

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

 $TO \cdot$

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Silbor Jo Agr, that. Name of Registered Agent	, hereby resigns as
Registered Agent for Name of Registered Agent Agent L	60.
1.19000220157	··
Name of Limited Liability Company L. 19000220157 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: Signature of Resigning Agent Signature of Resigning Agent Typed or Printed Name	9€ 1.3 PKE 20 JAN 27 .
Capacity	AH 10: 3°

FILING FEES:

\$ 85.00

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withdrawn limited liability company \$ 25.00

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