

L20000017339

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DCLXII TRUST COMPANY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000017339

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:

MICHAEL S TUMA

Name of Person

DCLXII TRUST COMPANY LLC

Name of Firm/Company

107 W COMMERCIAL STR

Address

SANFORD, FL 32771

City/State and Zip Code

mtuma@dclxii.com

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

For further information concerning this matter, please call:

MICHAEL S TUMA

Name of Person

at (386) 785-3987
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SUZANNE A MIX O/B/O GIDGET'S REGISTERED AGENT & NOTARY LLC

_____, hereby resigns as

Name of Registered Agent

Registered Agent for DCLXII TRUST COMPANY LLC

Name of Limited Liability Company

L20000017339

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.

DocuSigned by:

Suzanne Mix

7/27/2023

00F4EE5206784E7

Signature of Resigning Agent

If signing on behalf of an entity:

SUZANNE A MIX

Typed or Printed Name

AUTHORIZED REPRESENTATIVE

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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