

L200000017339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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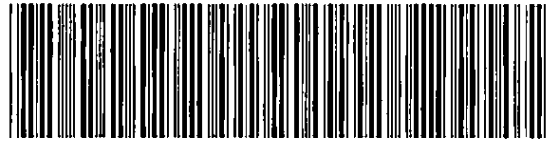
(Business Entity Name)

(Document Number)

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

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# 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  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

SUZANNE A MIX  
\_\_\_\_\_  
Typed or Printed Name  
AUTHORIZED REPRESENTATIVE  
\_\_\_\_\_  
Capacity

TALLAHASSEE, FLORIDA  
2023 AUG 14 PM 3:23  
FILED

**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