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MAR 21 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DETERMINATION FACTORY, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L 20000031896

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:

SCOTT BOCKLUND  
Name of Person

GLOBAL IMPACT COMPANIES VENTURES, LLC  
Name of Firm/Company

1003 8TH AVE WEST  
Address

BRAIDENTON, FL 34705  
City/State and Zip Code

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

For further information concerning this matter, please call:

SCOTT BOCKLUND at (612) 791-2499  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Lorene F. Wrablewski, hereby resigns as  
Name of Registered Agent

Registered Agent for Determination Factory, LLC  
Name of Limited Liability Company

620000031896  
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.

Lorene F. Wrablewski  
Signature of Resigning Agent

If signing on behalf of an entity:

SCOTT BACKLUND / Scott Backlund  
Typed or Printed Name  
CFO  
Capacity

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TALLAHASSEE, FL

**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withdrawn limited liability company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