# L20000045892

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### COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Duncan Weber Commercial Archite	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000045892	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (at (	773-0888 )
Name of reison 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi-	sions of section 605.01	15, Florida Statutes, the unde	rsigned,		
United States Co	rporation Agents, I	nc.	, hereby resigns a	c	
	Name of Registered Ag	ent	, nercoy resigns a	3	
Registered Agent for	Duncan Weber Co	ommercial Architecture a	and Interiors LL	_C	
	Name of Lin	mited Liability Company			,
L20000045892					
Document	Number, if known				
A copy of this resigna	ation was mailed to the	above listed limited liability	company at its las	t known addr	ess.
The agency is termina		ontinued on the 31st day after  Trutlain  Signature of Resigning Agent	r the date on which	h this stateme	ent is filed.
If signing on behalf o	f an entity:				
	Erik Treutlein			17.1	2
	,	Fyped or Printed Name		TĂLLAHASS	
	Vice President for U	United States Corporation Age	ents, Inc.	# F	Z
		Capacity	<del></del>	SEE. FL	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liability	d/voluntarily diss	<b>&gt;</b>	3: 14

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