L2 0000074576

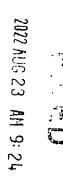
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City-State/2/p/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Continued copies
Special Instructions to Filing Officer:





400392407894

08/23/22--01015--020 ++25.00



COVER LETTER

SUBJECT: Name of I	imited Liabilit	v Company			
	Amitett Pianens	y Company			
DOCUMENT NUMBER: L20000074576					
The enclosed Resignation of Registered Ager for filing.	nt for a Limite	ed Liability Company	and fee are	submitte	ed
Please return all correspondence concerning t	his matter to	the following:			
Kerry Jester					
Name of Person		_			
American Incorporators Ltd.					
Name of Firm/Company	·	_		202	
1013 Centre Road, Suite 403-A				2022 NUG 23	. 172.
Address		- -		62	. 20
Wilmington, DE 19805				HN 8	اُ :
City/State and Zip Code		_			Ş
kerryj@corpserviceusa.com				9: 24	
E-mail address: (to be used for future annual rep	ort notification)	_		-	
For further information concerning this matter	er, please call	:			
Kerry Jester	302	421-5752			
Name of Person	at (Area Cod	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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	s of section 605.0115	5. Florida Statutes, the uno	dersigned,				
Florida Filing & Search Se	rvices, Inc.		. hereby resigns as				
	Name of Registered Ager						
Registered Agent for DE	DICATED GROUP L	.I.C					
	Name of Lim	nited Liability Company	<u> </u>		,		
1.20000074576							
Document Nun	nber, if known						
A copy of this resignation	n was mailed to the a	above listed limited liabilit	ty company at its las	t known ad-	dress.		
The agency is terminated	and the office disco	ntinued on the 31st day af	ter the date on which	n this staten	nent is fil	ed.	
	Cch	Signature of Resigning Agen	685				
If signing on behalf of an	entity:						
	idd Fi	e Hodge Viped or Printed Name	<u>-</u>				
	Senior	- Vice Pros Capacity	sident				
		, ,		٠	2022 /		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company lved/ voluntariły dis. ility company	solved/	2022 AUG 23 AH 9: 24	ا ن د	
	Make checks payab	ole to Florida Department of Division of Corporations P.O. Box 6327	of State and mail to:		4		

Tallahassee, FL 32314