# L20000235614

(1	(Requestor's Name)			
(,	(Address)			
	(Address)			
(1	(City/State/Zip/Phone #)			
PICK-UP	WAIT M	AIL		
	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status _			
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#### **COVER LETTER**

SUBJECT:    DNV Pressure Washing LLC	ty Company
DOCUMENT NUMBER: L20000225614	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Cory Betts	
Name of Person	_
ZenBusiness Inc.	
Name of Firm/Company	_
336 E. College Ave. Suite 301	
Address	_
Tallahassee	
City/State and Zip Code	<del>-</del>
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification	<del>-</del>
For further information concerning this matter, please call	:
Cory Betts at ( 844 Area Coc	493-6249 

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

### 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 provis	sions of section 605.0115, Florida Statutes, the t	undersigned.	
Registered Agents Inc.		, hereby resigns as	MW MOO
Name of Registered Agent			
Registered Agent for	DNV Pressure Washing LLC		
C			
	Name of Limited Liability Company		5
1.20000225614			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liab	oility company at its last kn	own address.
The agency is termina	ated and the office discontinued on the 31st day	after the date on which thi	is statement is filed.
	Wild Signature of Resigning Ag	gent	
If signing on behalf o	of an entity:		
	Registered Agents Inc. by David Roberts		
	Typed or Printed Name		
	Assistant Secretary		
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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