

L20000254002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

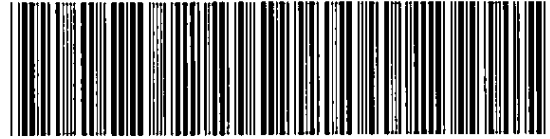
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 SEP 27 AM 10:39

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CLERK OF STATE  
TALLAHASSEE, FL

CLERK OF STATE  
TALLAHASSEE, FL

V. GULKER

SEP 18 2021

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 9/27/2021

**\*\*WALK IN\*\***

ENTITY NAME DBR PARTNERS, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25.00

ACCOUNT # I20140000108  
United Corporate  
Services, Inc.

*Keith Heppard*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

United Corporate Services, Inc.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for DBR PARTNERS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L20000254002

\_\_\_\_\_  
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.

Michael Barr

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

If signing on behalf of an entity:

Michael Barr

\_\_\_\_\_  
Typed or Printed Name

President

\_\_\_\_\_  
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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