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Registration Section

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## **COVER LETTER**

Division of Corporations

SUBJECT: DUNMORE COATINGS LLC Name of Limited Liability Company

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:

DANIEL HYDE

Name of Person

DUNMORE COATINGS LLC.
Name of Firm/Company

1610 W BAY DR. #92

LAP 40 / FL / 33770
City/State and Zip Code

DUNMORECOATINGS O YAHOO. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL HYDE at (727) 515 - 1439
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	i 605.0115, Florida Statutes, the	undersigned,		
Maria Chinesal		, hereby resigns as	_ , hereby resigns as	
Name of Reg	gistered Agent			
Registered Agent for				
DUNMORE	COATTNGS LLC-			
N	lame of Limited Liability Company			- *
Document Number, if know	n			
A copy of this resignation was maile	ed to the above listed limited ha	hility company at its last known	nddroec	
The agency is terminated and the of	fice discontinued on the 31st day	y after the date on which this sta	tement i	s filed
D-	not Some			
	Signatur of Resigning A	egent		•
f signing on behalf of an entity:		ī		
				ي ڏوو
	Typed or Printed Name	· · · · · · · · · · · · · · · · · · ·		· marin
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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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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