

121 000 283500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

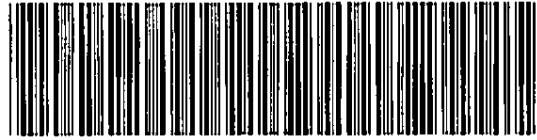
(Business Entity Name)

(Document Number)

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121 000 283500

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVID REMODELING AND HOME REPAIR LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000283500

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:

FIONA WHITE

Name of Person

Name of Firm/Company

6081 SW 19ST

Address

N LAUDERDALE, FL 33068

City/State and Zip Code

fionawhitecooper3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fiona White at (212) 470-7480
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0115, Florida Statutes, the undersigned,

FIONA WHITE

_____, hereby resigns as
Name of Registered Agent

Registered Agent for DAVID REMODELING AND HOME REPAIR LLC

DAVID REMODELING AND HOME REPAIR LLC

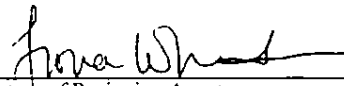
Name of Limited Liability Company

L21000283500

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
2003 JUN -6 PM 1:08
STATE
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