

L21000370121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

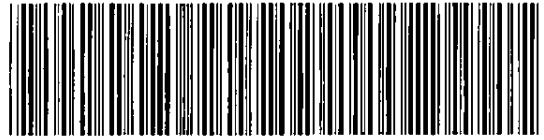
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/15/24--01012--021 **25.00

FILED
2024 OCT 15 PM 12:00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELMERCE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000370121

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:

SUMMER BLAKE
Name of Person

QWNTM SERVICES LLC
Name of Firm/Company

202 NW 135 WAY UNIT 108
Address

PLANTATION FL 33325
City/State and Zip Code

INFO@QWNTMSERVICESLLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUMMER BLAKE at (307) 275-7806
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

QWNTM SERVICES LLC
_____, hereby resigns as
Name of Registered Agent

Registered Agent for DELMERCE LLC

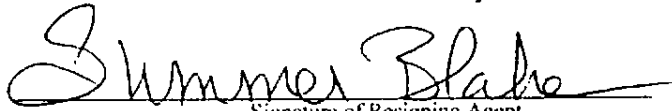
Name of Limited Liability Company

L21000370121

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:

SUMMER BLAKE

Typed or Printed Name
MANAGER OF QWNTM SERVICES LLC

Capacity

FILED
2024 OCT 15 PM 12:01
TALLAHASSEE, FLORIDA

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