

1210000447409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

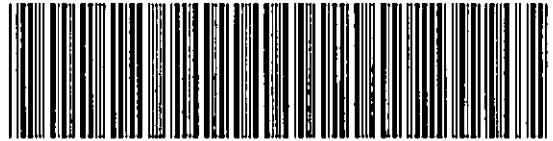
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SECRETARY OF STATE  
TALLAHASSEE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DANIEL R. BLACKFORD AND DIANE BLACKFORD H/W LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000447409

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:

BLACKFORD, DANIEL R

Name of Person

DANIEL R. BLACKFORD AND DIANE BLACKFORD H/W LLC

Name of Firm/Company

2491 YELLOW BRICK ROAD

Address

ST. CLOUD, FL 34772

City/State and Zip Code

dblackford@ccim.net

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

For further information concerning this matter, please call:

Daniel R. Blackford

at ( 407 ) 427-3432

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2021 NOV 16 PM 6:08

SECRETARY OF STATE  
TALLAHASSEE, FL

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

Daniel R. Blackford

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

, hereby resigns as

Registered Agent for DANIEL R. BLACKFORD AND DIANE BLACKFORD H/W LLC

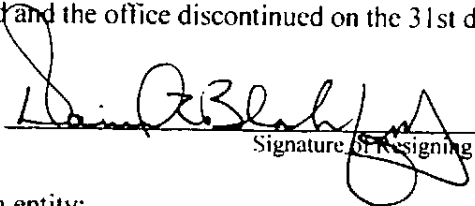
\_\_\_\_\_  
Name of Limited Liability Company

L21000447409

\_\_\_\_\_  
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:

Daniel R. Blackford

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

Registered Agent & Manager

\_\_\_\_\_  
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**