# L22000164802

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(C') (C) - C' - (O) +0					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

Office Use Only



300411811883

97/12/29--01017--015 \*\*85.00

#### **COVER LETTER**

Division of Corporations	•
Dam Rare LEC	, ,
SUBJECT:  Name of Limited Liabi	<u> </u>
Name of Limited Liabi 1.22000164802 DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Lim for filing.	ited Liability Company and fee are submitted
Please return all correspondence concerning this matter t Davinia Guinn	o the following:
Name of Person	
Name of Firm/Company 31038 Harper Branch Place	<u> </u>
Address	
Wesley Chapel, FL 33543	
City/State and Zip Code	<u></u> .
E-mail address: (to be used for future annual report notification	1)
For further information concerning this matter, please cal	И:
Davinia Guinn 813	445.9512
Name of Person at (at Co	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provi Daryl Rodgers	sions of section 605.01	15, Florida Statutes, the	undersigned.		
	, hereby resigns as				
	Name of Registered Ag	ent			
Registered Agent for	Dam Rare LLC				
Registered Agent for		<del></del>			
	Name of Li	mited Liability Company		·	
1.2200016-1802					
Documen	t Number, if known				
A copy of this resign	ation was mailed to the	above listed limited lial	bility company at it	s last known address.	
The agency is termin	ated and the office disc	ontinued on the 31st day	y after the date on v	which this statement is filed	
		Signature of Resigning A	agent		
If signing on behalf o	of an entity:			. ~2	
	Anthony Guinn			1023 C	
	CEO/Manager	Typed or Printed Name		FIL!	
		Capacity		12 PHI	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabil Administratively dis withdrawn limited l	lity company ssolved/ voluntarily liability company	2: 51 LORIDA	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314