

L22000S13601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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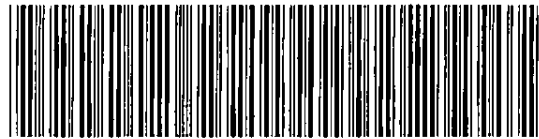
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DoomsDay Facilities Asset Management LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000513601

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:

Marissa Groneman

Name of Person

Freeman Lovell PLLC

Name of Firm/Company

9980 S 300 W, Ste 200

Address

Sandy, UT 84070

City/State and Zip Code

info@freemanlovell.com

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

For further information concerning this matter, please call:

Marissa Groneman

at ( 385 )

446-3268

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

InCorp Services, Inc., hereby resigns as

Name of Registered Agent

Registered Agent for DoomsDay Facilities Asset Management LLC

Name of Limited Liability Company

L22000513601

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.

Heather Glenn

Signature of Resigning Agent

If signing on behalf of an entity:

Heather Glenn on behalf of InCorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

FILED  
2024 OCT 15 AM 9:29  
SECRETARY OF STATE  
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