

L98000002721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

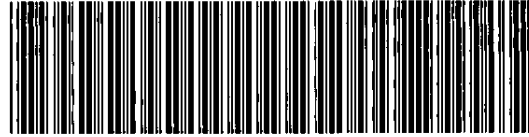
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUN 30 2011

EXAMINER



100209121831

06/29/11--01015--008 **25.00

FILED
11 JUN 29 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

• TO: Amendment Section
Division of Corporations

SUBJECT: Distinctive Finishes, L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L-95000002721

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:

Joe B. Cox
Name of Person

Cox & Carlson Attorneys at Law
Name of Firm/Company

1185 Immokalee Road, Ste. 110
Address

Naples, FL 34110
City/State and Zip Code

jcox@coxcarlson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Joe B. Cox, hereby resigns as
Name of Registered Agent

Registered Agent for Distinctive Finishes, L.L.C.
Name of Limited Liability Company

L98000002721
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.

Joe B. Cox
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
11 JUN 29 AM 11:24
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