## M0600001083

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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Contillant Coming Contillants of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

Office Use Only

Florida Dept of State Division of Compressions PO BOX 6327 Tallohassee, FL 32314 Please be advised that PNL Associates LLC D/B/A DNL Capital has been and will remain inactive Guen our macture status we hereby resign as a mortgage Broknage Business licensed in the state of Florida. In addition the undersigned hereby relianguisher has become as a mortgage Broken licensed in the stat of Florida. Enclosed is a check in the amount of 25.00 for that purpose. Thunk you for your cooperation Very timber yours\_



TO:

Registration Section
Division of Corporations

## **COVER LETTER**

SUBJECT:	DNL ASSE	CIATES LI	<u>_</u>
	(Name of Fo	reign Limited Liability C	Company)
Dear Sir or Madam:			
The enclosed withdraw	wal and fee(s) are submitte	d for filing.	•
Please return all corre	spondence concerning this	matter to the following:	
ALAN	(Name of Person)		
			•
DIBLA DNL C	API TAL	DNL ASSO	CIATES LIC
	(Tuniveompany)		
31 JAYSE	AUENUE (Address)		
GREAT	NEUC NY (City/State and Zip Cod	11021 (e)	
For further information	n concerning this matter, p	lease call:	
ALAN (Nan	ELKEY ne of Person)	at ( <u>516</u> ) (Area Code & l	482 - 0747 Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for	or the following amount:		
<b>™</b> \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee. Certificate of Status & Certified Copy



DNL ASSOCIATES ILC (Name of limited liability company)
NEW YORK STATE (Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
31 JAYSON AVENUE (Mailing address)
GREAT NECK NY 11021 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)  ALAN ELKES (Typed or printed name of signee)

Filing Fee: \$25.00