M08000004172

(Re	equestor's Name)	
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(Ac	idress)	
(Ci	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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Certified Copies	_ Certificates o	r Status
Special Instructions to	Filing Officer:	
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RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 10/31/2023
ORDER ENTITY

NEW D&D REALTY LLC

850-245-6051

PRIORITY Routine

OUR REF # (Order ID#) Westley

PLEASE PERFORM THE FOLLOWING SERVICES:

NEW D&D REALTY LLC

Please file the attached resignation filing.

NOTES:

\$85.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

NEW D&D REALTY LLC		
Name of Limited L	iability Company	
DOCUMENT NUMBER: M08000004172		
The enclosed Resignation of Registered Agent for a L for filing.	imited Liability Company and fee are submitted	
Please return all correspondence concerning this matt	cr to the following:	
Westley Look		
Name of Person		
Incorporating Services, Ltd.		
Name of Firm/Company		
3500 S DuPont Highway		
Address		
Dover, DE 19901		
City/State and Zip Code		
włook@incserv.com		
E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, please	e call:	
Westley Look 302	531-0703	
Name of Person at (at (2) 531-0703 a Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida Depliability company or \$25.00 for an administratively d liability company.	artment of State for \$85.00 for an active limited issolved, voluntarily dissolved or withdrawn limited	
	STREET ADDRESS:	
Registration Section	Registration Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.011	5, Florida Statutes, the undersigned,	
Incorporating Services, Ltd. hereby resign			resigns as
	Name of Registered Age	nt	8
Registered Agent for NE	W D&D REALT	Y LLC	
	Name of Lie	nited Liability Company	, , , , , , , , , , , , , , , , , , , ,
M08000004172			
Document Nun	iber, if known		
A copy of this resignation	n was mailed to the	above listed limited liability compar	ny at its last known address.
The agency is terminated	and the office disc	ontinued on the 31st day after the da	te on which this statement is filed.
	AR	Chambauts Signature of Resigning Agent	- -
If signing on behalf of an entity:			23
	Amanda Archambault		**************************************
•	Typed or Printed Name		
	Assistant Secretary		ယ . တ
		Capacity	
	FILANC \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volumental violation of the company withdrawn limited liability com	intarily dissolved/ pany

Make checks payable to Florida Department of State and mail to: Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314