M09000001448

(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



200305081372

i0/30/17--01036--022 **25.00

2017 0CT 30 PM 3: 23

K. SALY OCT 3 1 2017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	DIAMANT II	MMOBILIE	R, LLC	
SUDJECT:	Name of Limit	ed Liability	Company	
DOCUMENT NUMBER:	M0900	00001448		
The enclosed Resignation of R for filing.	egistered Agent fo	r a Limited	Liability Company and fo	ee are submitted
Please return all correspondence	e concerning this	matter to the	e following:	
Kaitie S	Sperry			
Name of	Person			
Corporate [Direct, Inc.			
Name of Firm	n/Company	· · · · · · · · · · · · · · · · · · ·		
2248 Meridiar	n Blvd., Ste H			
Addr	ess			
Minden, N	IV 89423			
City/State an	d Zip Code			
info@corpor	atedirect.com			
E-mail address: (to be used for	future annual report n	otification)		
For further information concer	ning this matter, p	lease call:		
Kaitie Sperry	at (775	782-2201 Daytime Telephone Numb	
Name of Person		Area Code	Daytime Telephone Numb	per
Enclosed is a check made paya liability company or \$25.00 for liability company.	able to the Florida l r an administrative	Department ly dissolved	of State for \$85.00 for a d, voluntarily dissolved o	n active limited r withdrawn limited

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 s	ection 605.0115, Florida Statutes, the t	indersigned.
Ge	rri Detweiler	indersigned, hereby resigns as
Name	of Registered Agent	
Registered Agent for	DIAMANT IMMOBILII	
		35
	Name of Limited Liability Company	· `\`\
M09000001	448	
Document Number, i	fknown	
A copy of this resignation was	mailed to the above listed limited liab	ility 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.
	A Determente Signature of Resigning Ag	1.L
If signing on behalf of an entit	y:	
	Gerri Detweiler	
	Typed or Printed Name	
	Registered Agent	
	Capacity	

FILING FEES: \$ 85.00 Active \$ 25.00

Active limited liability company
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