

(((1121000198749 3)))



H210001987493ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

11:51:

Division of Corporations

Fax Number : (950)61/ 6383

Fir om :

Account Name : INCORP SERVICES INC

Account Number : (76120000007)
Phone : (762)866-2500
Fax Number : (702)366 2689

MEntor the email address for this pusiness entity to be used for future of annual report mailings, Enter only one email address please.**

Email Address: processing@incorp.com

ď.	Em
8	
>-	
MA.	
Э:	

LLC REGISTERED AGENT RESIGNATION DONOR DEVELOPMENT STRATEGIES LLC

Certificate of Status	
Cenified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED

MAY 18 MM 8: 35

MARKE PLORIDAS

RECEIVED

COVER LETTER

**	
TO: Registration Section Division of Corporations	*
DONOR DEVELOPMENT STRATE	GIES LLC
SUBJECT: Name of Limited I	
DOCUMENT NUMBER: M14000002327	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this mat	ter to the following:
Wendy Hefley	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Parkway, Suite 500S	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
processing@incorp.com	
E-mail address: (to be used for future annual report notif	leation)
For further information concerning this matter, plea	se call:
Incorp Services, Inc./Wendy Hefley at (•
Name of Person Ai	ea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	2001 A100444

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 DONOR DEVELOPMENT STRAT	EGIES LLC	
Name of Limited Liability Compar	ny.	
M14000002327		
Document Number, if known		
A copy of this resignation was mailed to the above listed limite	d liability company at its last known address.	
The agency is terminated and the office discontinued on the 11		iled.
If signing on behalf of an entity:	•	
Wendy Hefley for Incorp Servi	ces, Inc.	
Typed or Printed Name Authorized Representative	· 22	
Capacity		
	8	- -
FILING FEES:		j
\$ 25 00 Active limited	liability company ely dissolved/ voluntarily dissolved/. 🥺	
\$ 25.00 Administrative withdrawn lin	nited liability company	

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314