

M17000004774

(Requestor's Name)

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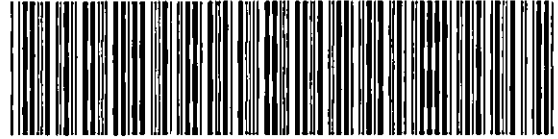
(Business Entity Name)

(Document Number)

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DATE: 8/3/18

NAME: DAVIOT ACQUISITIONS, LLC

TYPE OF FILING: STATEMENT OF RESIGNATION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVIOT ACQUISITIONS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M17000004774

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:

TRACEE COTTON

Name of Person

BLUMBERGEXCELSIOR CORPORATE SERVICES,

Name of Firm/Company

16 COURT ST 14TH FLOOR

Address

BROOKLYN, NY 11241

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACEE COTTON

Name of Person

at (800) 221-2972 X1550

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 section 605.0115, Florida Statutes, the undersigned,
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC., hereby resigns as

Name of Registered Agent

Registered Agent for DAVIOT ACQUISITIONS, LLC

Name of Limited Liability Company

M17000004774

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.


Signature of Resigning Agent

If signing on behalf of an entity:

ZEINA HASSOUN

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

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

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