

M19 00000 3579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

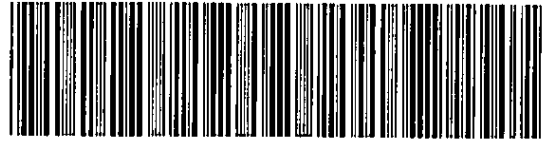
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DJ MONTGOMERY LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M19000003579

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:

SCOTT J. SCHUSTER  
Name of Person

CORPORATE SERVICE BUREAU INC.  
Name of Firm/Company

283 WASHINGTON AVENUE  
Address

ALBANY, NY 12206  
City/State and Zip Code

ACCOUNTING@CORPORATEBUREAU.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIN LEWANDOWSKI at ( 518 ) 463-4179 EXT. 1202  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2021

SCOTT J. SCHUSTER  
CORPORATE SERVICE BUREAU INC.  
283 WASHINGTON AVENUE  
ALBANY, NY 12206

SUBJECT: DJ MONTGOMERY LLC  
Ref. Number: M19000003579

We have received your document for DJ MONTGOMERY LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 021A00021931

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

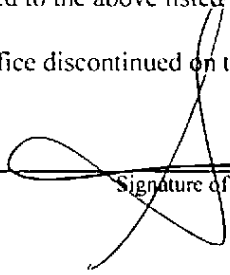
CORPORATE SERVICE BUREAU INC., hereby resigns as  
Name of Registered Agent

Registered Agent for DJ MONTGOMERY LLC  
Name of Limited Liability Company

M19000003579  
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:

SCOTT J. SCHUSTER  
Typed or Printed Name

PRESIDENT  
Capacity

2021 OCT -7 AM 10:38

**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