

M19000007491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FL

Y. SULKER
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/01/2021

Acc#I20160000072

en: c SW

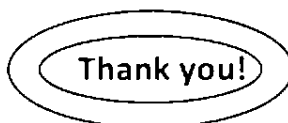
Name:	DOMIO COCOGROVE LLC
Document #:	
Order #:	13233038

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
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Ref# _____

Amount: \$	85.00
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CT CORPORATION SYSTEM

, hereby resigns as

Name of Registered Agent

Registered Agent for

DOMIO COCOGROVE LLC

Name of Limited Liability Company

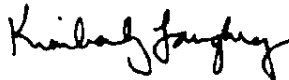
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A copy of this resignation was mailed to the above listed limited liability company at its last known address.

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:

Kimberly Laughrey

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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