## 141900009720

(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:					
<u> </u>					

Office Use Only



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## **CT CORP**

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

11/01/2021

D	11/01/2021		a: DW	
	•	Acc#I20160000072	an: Cook	
Name:	DOMIO 300 17	TH STREET LLC		
Document #:				
Order #:	13233038			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:				
Certified Copy of				
Apostille/Notarial Certification:	<u> </u>	untry of Destination:		
Filing: 🚺	Certified: Plain: ✓ COGS:			
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$	85.00		
		Thank you!		

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

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the	e undersigned.			
CT CORPORATION SYSTEM  Name of Registered Agent		hereby resigns	_ , hereby resigns as		
Registered Agent for _					
DOMIO 300 17TH	STREET LLC		_		
	Name of Limited Liability Company				
M19000009720					
Document ?	Number, if known				
-	tion was mailed to the above listed limited lia				
The agency is terminat	ted and the office discontinued on the 31st da	ay after the date on whi	ch this statement is filed.		
	Kindon Jaufug Signature of Resigning.	Agent	ACH 1002		
If signing on behalf of	an entity:		22		
	Kimberly Laughrey		震三师		
	Typed or Printed Name		SSEE. M. 8:		
	Assistant Secretary		3: 26 STATI		
	Capacity		L. 15.		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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