

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
DOT COMPLIANCE SPECIALISTS LLC**

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Corporate Filing Menu

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APR 22 2024

Brumley

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 2024 APR 19 AM 10:13  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

2024 APR 19 PM 2:57  
 RECEIVED  
 11:00

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

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

Northwest Registered Agent LLC

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for DOT COMPLIANCE SERVICES LLC

\_\_\_\_\_  
Name of Limited Liability Company

M22000001385

\_\_\_\_\_  
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.

*David Roberts*

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

David Roberts

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

2024 APR 19 PM 2:57

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