

N160000007576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

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(Business Entity Name)

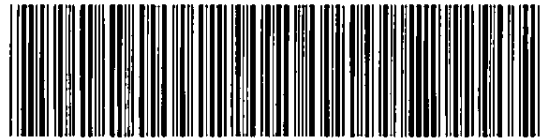
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DIVISION OF REVENUE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: D' CENTER STAGE INCORPORATION  
(Name of Corporation)

DOCUMENT NUMBER: N16000007576

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STANLEY DALRYMPLE  
(Name of Person)

D' CENTER STAGE INCORPORATION  
(Name of Firm/Company)

18610 NW 8 AVE  
(Address)

MIAMI FLORIDA 33169  
(City/State and Zip Code)

For further information concerning this matter, please call:

STANLEY DALRYMPLE at (786) 399-7899  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, STANLEY DALRYMPLE  
(Name of Registered Agent)

hereby resigns as Registered Agent for D'CENTER STAGE INCORPORATED  
(Name of Corporation)

N16000007576  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

Stanley Dalrymple  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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

TO THE MEMBERS AND STAFF OF D" CENTER STAGE  
INCORPORATED A NON-FOR-PROFIT CORPORATION I AM  
WRITING THIS LETTER TO INFORM YOU THAT AS THE  
REGISTERED AGENT I AM RESIGNING EFFECT IMMEDIATELY.  
REASONS INACTIVITY, TRUST, AND PERSONNEL MATTERS.

STANLEY DALRYMPLE

REGISTERED AGENT

*Stanley Dalrymple 02/04/2024*

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OF MISSOURI