Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

: GREENE, DONNELLY & SCHERMER Account Name

Account Number : 104075002246 : (941)747-3025 Phone

Fax Number : (941)747-6937

REGISTERED AGENT RESIGNATION

DMLK PROPERTIES, INC.

Certificate of Status	0
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Estimated Charge	\$87.50

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COVER LETTER

Division of Corporations		·			
SUBJECT: DMLK Prop	erties. Inc.				
	(Name of	Corporation)			
DOCUMENT NUMBER:P	00000113189				
The enclosed Resignation of Re-	gistered Agent for	a Corporation	and fee are sul	omitted for fili	ng.
Please return all correspondence	concerning this m	atter to the fo	llowing:		
					,
Robert C. Schermer (Name of	Person)				
	,	,		,	
Greene & Schermer (Name of Firm	/Company)				
1991 247 444 77 944	400				
1301 6th Ave. W., Ste.		·			
(1 2000)	,				*
Bradenton, FL 34205	- 		:		• ,
(City/State and	•	44		••	
For further information concern	ing this matter, ple	ase call:			
Robert C. Scherwer	at (941	747-3025 Daytime Telepho		•
(Name of Person)	7	Area Code &	Daytime Telepho	ne Number)	
Enclosed is a check made payal or \$35.00 for an administrative	ole to the Florida I y dissolved, volun	epartment of tarily dissolve	State for \$87.5 ed or withdrawn	0 for an active a corporation.	corporation
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Add Amendment Division of C Post Office I Tallahassee,	Section Corporations Box 6327	÷		

GREENE AND SCHERMER

FILED

SECRETARY OF STATE RESIGNATION OF REGISTERED AGENT FOR A CORPORT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,				
Florida Statutes, the undersigned, Robert C. Schermer (Name of Registered Agent)				
hereby resigns as Registered Agent for DMLK Properties, Inc. (Name of Corporation)				
(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.				
7Cut(Sallu— (Signature of Resigning Agent)				
(Signature of Resigning Agent)				
If signing on behalf of an entity:				
(Typed or Printed Name)				
,				
(Capacity)				
(capacity)				

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 Tallahussee, FL 32314