P04000129952

| (Re | questor's Name) | |
|---|--------------------|-----------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B 8/6/07

COVER LETTER

| TO: | Amendment Section |
|---------|---|
| | Division of Corporations |
| SUBJ | NECT: DLW HOMES INC. |
| | (Name of Corporation) |
| DOC | UMENT NUMBER: P04000129992 |
| The e | nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| KEN | INETH CONWELL |
| | (Name of Person) |
| | |
| | |
| | (Name of Firm/Company) |
| 117 | 71 SW 137TH PLACE |
| | (Address) |
| | · · · |
| MIA | MI, FL 33186 |
| MIA | MI, FL 33186 (City/State and Zip Code) |
| <u></u> | |
| For fu | (City/State and Zip Code) |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT 2007 JUL 30 PM 3: 35

| Pursuant to the provisions of sections 60 | 7.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|---|
| Florida Statutes, the undersigned, KEN | NNETH CONWELL |
| | (Name of Registered Agent) |
| hereby resigns as Registered Agent for | DLW HOMES INC. |
| | (Name of Corporation) |
| P04000129992 | |
| (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 of this statement is filed. | discontinued on the 31st day after the date on which |
| Hernott | f. Couve |
| If signing on behalf of an entity: | |
| Т) | yped or Printed Name) |
| | (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Tallahassee, FL 32314