# P07000002505

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	<i>.</i>

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03/07/14--01021--005 \*\*87.50

11 時間 - 1 時間 - 1 時間 - 14 h = 14 h =

RA/RES 10 3/10/14

## POST & ROMERO

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

3195 PONCE DE LEON BOULEVARD SUITE 400 CORAL GABLES, FLORIDA 33134 TEL: (305) 445-0014 FAX: (305) 445-6872

LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.

> CARLOS A. ROMERO, JR. ADMITTED: FLORIDA, ILLINOIS, PUERTO RICO E-MAIL: car@postandromero.com

ROBERT G. POST, P.A.

ROBERT G. POST ADMITTED: FLORIDA, NEW YORK E-MAIL: rgp@postandromero.com

March 4, 2014

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

### RE: D GROUP ACQUISITION SIX (FL), INC. - General Corporate

Dear Gentlemen:

I enclose the form for Resignation of Registered Agent for D Group Acquisition Six (FL), Inc.

I also enclose a check made payable to the Florida Department of State in the amount of \$87.50 to cover the filing fee for the form.

Please return a copy of the form (evidencing filing) in the self-addressed, prepaid envelope.

If you have any question, please feel free to call me.

Sincerely yours,

POST & ROMERO

Carlos A. Romero, Jr. For the Firm

CAR/cs

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Encl. - one(1) Resignation of Registered Agent form

- one(1)WF(CAP) ck no. 5630

- one(1)self-addressed prepaid envelope

# **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, Law Office of Carlos A. Romero, Jr., P.A. (Name of Registered Agent)

hereby resigns as Registered Agent for D Group Acquisition Six (FL), Inc. (Name of Corporation)

# P07000062505

(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.

(Signature of Resigning Agent)

If signing on behalf of an entity:

Carles H. Kome (Typed or Printed Name)

President

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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