

PO700062543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

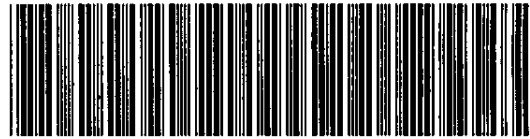
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300257521033

03/07/14--01020--026 **87.50

FILED

14 MAR -7 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 10 2014

C. CARROTHERS

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 SEVEN (FL), INC. - General Corporate

Dear Gentlemen:

I enclose the form for Resignation of Registered Agent for D Group Acquisition Seven (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

Encl. - one(1) Resignation of Registered Agent form
- one(1)WF(CAP) ck no.5629
- 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 Seven FL, Inc.

(Name of Corporation)

P07000062543

(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:

Carlos A. Romero, Jr.

(Typed or Printed Name)

President

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAR -7 AM 7:53

FILED