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| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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J. LEGGETT APR 2 3 2018

SECRETARY OF STATE

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INC.

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| CX | РНОТОСОРУ | | |
| | CUS | | |
| СХ | FILING | RA RESIGNATION | |
| | IDK FLORIDA LLC | | |
| (| CORPORATE NAME AND DOCUMEN | VT #) | |
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| (| CORPORATE NAME AND DOCUME | NT #) | · |
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| | • | | |
| (| CORPORATE NAME AND DOCUMEN | NT #) | |

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi | ons of section 605.0115 | , Florida Statutes, the | undersigned, | | |
|-------------------------|----------------------------------|-----------------------------------------------------------------------------|----------------------------------------|--------------------------------------|-------|
| CORPORAT | E ACCESS, INC | ACCESS, INC. | | 25 | |
| | Name of Registered Agent | | | as | |
| Registered Agent for _ | JDK FLORIDA | | | | |
| | Name of Limit | ted Liability Company | | , | |
| L040000161 | 57 | | | | |
| Document N | Number, if known | | | | |
| A copy of this resignat | ion was mailed to the ab | oove listed limited lia | bility company at its la | ast known address. | |
| The agency is terminat | ed and the office discon | tinued on the 31st da | | ich this statement is fi | iled. |
| If signing on behalf of | an entity: | | | | |
| | DANNY BE | NNETT | | 2018 5 AL | |
| | PRESIDENT | ped or Printed Name | | 2018 APR 20 SECRETAR FALLAHASS | ** |
| | FILING F \$ 85.00 \$ 25.00 | Capacity FEES: Active limited liabi Administratively di- withdrawn limited | lity company ssolved/ voluntarily d | PM 8: 4 | |

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