

Florida Department of State  
Division of Corporations  
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**L0600000030**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BAKER & HOSTETLER LLP  
Account Number : I1999000077  
Phone : (407)649-4016  
Fax Number : (407)841-0168

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
2023 MAR 26 10:10:01  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION  
IMAGING REAL ESTATE THREE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2023 FEB 24 PM 5:26  
APPROVED AND FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Imaging Real Estate Three, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000000030

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Evelyn Rodriguez  
Name of Person

Baker & Hostetler, LLP  
Name of Firm/Company

200 S. Orange Avenue, SUITE 2300  
Address

Orlando, Florida 32801  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evelyn Rodriguez at ( 407 ) 649-4071  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

David L. Schick \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for \_\_\_\_\_

Imaging Real Estate Three, LLC

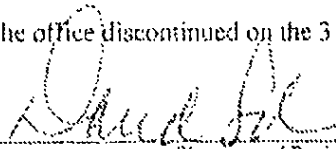
Name of Limited Liability Company

1.0600000030

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability company

2023 FEB 24 PM 5:26

APPROVAL  
FILED

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