

L06000077559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

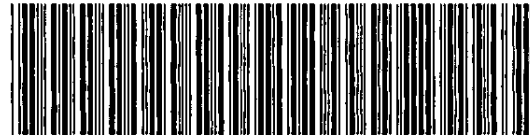
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SEP - 6 2013

A. LUNT

Office Use Only



400250979384

09/03/13--01041---011 **110.00

2013 SEP - 3 PM 2 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

WALTER E. FOSTER III

, hereby resigns as

Name of Registered Agent

Registered Agent for **MEV HEBRON, LLC**

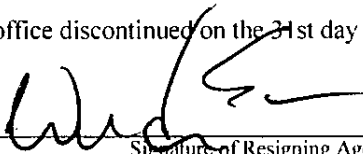
Name of Limited Liability Company

L06000077559

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

FILED
2013 SEP -3 PM 2 39
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

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- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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