## L14000026330

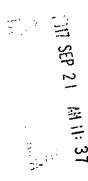
(Requestor's Name)				
(Address)				
(Ad	dress)	<del></del>		
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies		of Status		
Certified Copies	_ Certificates	o o o o o o o o o o o o o o o o o o o		
Special Instructions to	Filing Officer			





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K. SALY SEP 22 2017

## **CORPORATE** ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	PICK UF	P:
	CERTIFIED COPY	
хх	РНОТОСОРУ	
	CUS	
xx	,FILING	RA RESIGNATION
	1801 Sample Road, LLC (CORPORATE NAME AND DOCUMENT	
•	(CORPORATE NAME AND DOCUMENT	`#)
•	(CORPORATE NAME AND DOCUMENT	`#)
•	(CORPORATE NAME AND DOCUMENT	`#)
•	(CORPORATE NAME AND DOCUMENT	¬#)
•	(CORPORATE NAME AND DOCUMENT	`#)
PECIA	L INSTRUCTIONS:	

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes,	the undersigned,	The sea
CORPOR	RATE ACCESS, INC.	, hereby resigns as	2 7
N	ame of Registered Agent	, thereby resigns us	Sign In
Registered Agent for	1801 SAMPLE ROA	D LLC	155 A
			· · · · ·
	Name of Limited Liability Company	y.	4
L1400002633	0		
Document Numb	per, if known		
	was mailed to the above listed limited	, , ,	
The agency is terminated a	and the office discontinued on the 31st	day after the date on which	this statement is filed.
_	Alana Bant Signature of Resigning	ng Agent	
If signing on behalf of an e	entity:		
	DANNY BENNETT		
	Typed or Printed Name		
	PRESIDENT		
	Capacity		

### 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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