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	Division of Cor	porations	
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	Account Name	: TRIPP SCOTT, P.A.	\$ P
	Account Number		<u>.</u>
	Phone	: (954)525-7500	***
	Fax Number	: (954)761-8475	T
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LLC REGISTERED AGENT RESIGNATION 1609 BELMONT PLACE LLC

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Electronic Filing Menu

Corporate Filing Menu

2017 DEC 21 RM 2: 20
SLURETARY OF STATE
MANASSEE FLORIDA

K. SALY

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida	Statutes, the undersigned,	
Seth E. Ellis	, hereby resigns as	AMIDEC PARCEL FIL
Name of Registered Agent		The second second
Registered Agent for 1609 BELMONT PLACE L	LC	- PER CO.
TOBISECO CO. ABOUT TO		T SSZ M
Name of Limited Liabili	ty Company	F.9. 3. C
L15000062777		2: 20 2: 20
Document Number, if known		<u>E</u> ,
A copy of this resignation was mailed to the above list	ed limited hability company at its last	lcnown address.
The agency is terminated and the office discontinued of gradury		this statement is filed.
If signing on behalf of an entity:		
Typed or Pri	nted Name	
Capacit	у	

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