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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address: <u>cls-agentresignations@wolterskluwer.com</u>

## LLC REGISTERED AGENT RESIGNATION NEWQUEST MANAGEMENT OF ALABAMA, LLC

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T. LEMIEUX JAN 30 2024 To:

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Pursuant to the provisions of	section 605.0112	. Florida Statutes, the ui	ndersigned,			
CT CORPORATION SYSTEM			, hereby resigns as			
	ne of Registered Agen					
Registered Agent for NEWQ	UEST MANAGE	MENT OF ALABAMA, I	T.C.			
	Name of Limi	ited Liability Company			·	
M09000000391						
Document Number,	, if known					
A copy of this resignation wa	is mailed to the al	bove listed limited liabil	lity company at its last kne	own addr	css.	
The agency is terminated and	I the office discor	ntinued on the 31st day a	after the date on which this	s stateme	ent is fi	led.
	Nan	cy Helon - Brad Signature of Resigning Age	uu e			
<u></u>		Signature of Resigning Age	mi			
If signing on behalf of an ent	ity:					
NA	NANCY HELM-BROWN			7. 758	202	
	typed or Printed Name				/U I	•
ASSISTANT SECRETARY				<b>=</b>	Ti	
		Capacity		AS.	6	
	F1LING   \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited lia	y company olved/ voluntarily dissolve ibility company	OF STATE SPE, 본 항	AH 8: 57	ED

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