

04/07/2015 11:52 FAX 4074201831  
Division of Corporations

DEAN MEAD ORLANDO

001

Page 1 of 1

08000099836

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H1500085523 3)))



H1500085523ABCF

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOVANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 641-1200  
Fax Number : (407) 443-1831

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

Email Address: mfendle@deanmead.com

LLC REGISTERED AGENT RESIGNATION  
601 W. COLONIAL DRIVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SJB

15 APR -7 AM 10:00

REGISTRATION SERVICES

15 APR -7 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature and date: APR 08 2015 09:11 AM

04/07/2015 11:52 FAX 4074231831

DEAN MEAD ORLANDO

002

((H15000085523 3)))

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

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

**Dean Mead Services, LLC**

, hereby resigns as

Name of Registered Agent

Registered Agent for **601 W. Colonial Drive, LLC**

Name of Limited Liability Company

**L08000099836**

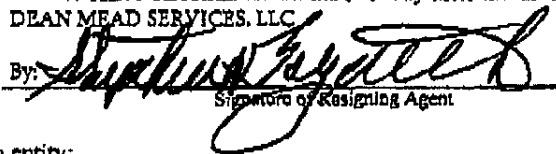
Document Number, if known

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.

**DEAN MEAD SERVICES, LLC**

By:



Signature of Resigning Agent

If signing on behalf of an entity:

**Stephen J. Bozarth**

Typed or Printed Name

**Vice 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

INHS17 (2/14)

1215755.pdf

15 APR - 7 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
AND  
FILED

((H15000085523 3)))