

2180000045646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

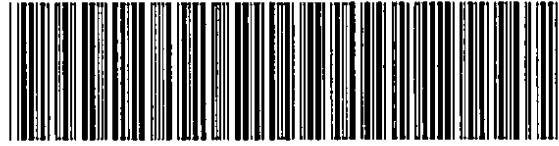
(Business Entity Name)

(Document Number)

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A handwritten signature or mark, possibly initials, located at the bottom right of the page.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlandowood Properties, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000045646

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandy O'Dell
Name of Person

KKOS Lawyers
Name of Firm/Company

1883 W Royal Hunte Dr., Suite 200
Address

Cedar City, UT 84720
City/State and Zip Code

brandy@kkoslawyers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandy O'Dell at (435) 586-9366
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Registered Agent Solutions, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Orlandowood Properties, LLC

Name of Limited Liability Company

118000045646

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:

Adam Saldana

Typed or Printed Name

Asst. Secretary

Capacity

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FILED

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**