Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANT F Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1221

Enter the email address for this business entity to be used for furtire er the email address for this business entry to we about its annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT RESIGNATION **GREAT SOUTHERN SERVICES, LLC**

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EXAMINER

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	5, Florida Statutes, the undersigned,
Dean Mead Services, LLC	, hereby resigns as
Name of Registered Ages	nt , notedy resigns us
Registered Agent for	·
Great Southern Services, LLC	
Name of Lim	sited Liability Company
L01000015393	
Document Number, if known	
A copy of this resignation was mailed to the a	above listed limited liability company at its last known address.
The agency is terminated and the office disco	entinued on the 31st day after the date on which this statement is filed
If signing on behalf of an entity:	Signature of Resigning Agent
Jane D. Callahái	n 2019
Vice President o	yped or l'rinted Name
	Capacity SS
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

INHS17 (2/14)