Division of Corporations **Public Access System**

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(((H06000272422 3)))



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Division of Corporations

: (850)205-0380 Fax Number

From:

Account Name : STUMP, STOREY & CALLAHAN, P.A.

Account Number : I20000000161 Phone : (407)425-2571

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REGISTERED AGENT RESIGNATION

certificate of Status	
Certificate of Status Certified Copy	
age Count	01
stimated Charge	\$35.0

Electronic Filing Menu

Corporate Filing Menu

Help

T. Roberts NOV 0

RA Resigno

H06000272422 3

FILED RESIGNATION OF REGISTERED AGENT FOR A LIMITED OF NOV -9 PM 3: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA LIABILITY COMPANY

D. Paul Dietr	ich II			, hereby res	ions as
(Name of Registered A	(gent)		,,	-
Registered Agent for	Madenberg	Development	and	Management,	L.L.C.
	(Name of	Limited Liability Com	pany)		
L02000002277					
(Document Number	er, if known)				
A copy of this resignation The agency is terminated					its last known address. n which this statement is file
∢ .	T)	gnature of Resigning	Agent)		
f signing on behalf of an	entity:				
		(Typed or Printed No	ine)		
•		(Capacity)			,

ING FEES:
5.00 Active limited liability company
5.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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