## **Electronic Filing Cover Sheet**

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

Account Number : I20000000161 Phone : (407)425-2571 Fax Number : (407)425-0827 NOV -9 PM 3: 21

## REGISTERED AGENT RESIGNATION

STORAWAY - TAVARES, LLC

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VISION OF CORPORATIONS

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, Flori	da Statutes, the undersigned,	LEAR SEARCH
D. Paul Diet	rich II	, hereby resigns as	Sec. 2
	(Name of Registered Agent)	, increase reaseas as	F. Or J.
Registered Agent for _	Storaway-Tavares, LLC		3: 27 
			(gri
	(Name of Limited Liability Company	)	
L02000004373			
(Document Nun	ther, if known)		
A copy of this resignation	on was mailed to the above listed limited li	ability company at its last known	address.
The agency is terminate	d and the office discontinued on the 31st d		atement is filed.
If signing on behalf of a	un entity:		
	(Typed or Printed Name)		
	(Capacity)	<del></del>	

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withdrawn limited liability company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