

**Florida Department of State**  
**Division of Corporations**  
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H110000057163ABCV

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**To:**

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

**From:**

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOVANO & BOZART  
 Account Number : 076077001702  
 Phone : (407) 841-1200  
 Fax Number : (407) 423-1831

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

**Email Address:** jstevendowd@gmail.com

**LLC REGISTERED AGENT RESIGNATION**  
**COPACO LIQUIDATING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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 JAN 11 2011

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Help

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Dean Mead Services, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for

Copaco Liquidating, LLC

Name of Limited Liability Company

L02000011719

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:

Steven C. Lee

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 (08/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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