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Division of Corporations **Electronic Filing Cover Sheet**

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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOURNO & BOZARTH, F.A

Account Number : 076077001702 Phone : (407)841-1200

Fax Number : (407)423-1831

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Emmily M	ddyogg:			

REGISTERED AGENT RESIGNATION GENESIS FLORIDA, LLC

Certificate of Status	0
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EXAMINER

11/18/2009

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₫002

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provincing of section 608.416(2) or 608.509, Florida Statutes, the undersigned,					
Mead Services, LLC	hereby resigns as				
d Agent for Genesis Florida, LLC					
Name of Limited Liability Com	pany				
was mailed to the above listed limit	ted liability company at its last known address.				
nd the office discontinued on the 3	1st day after the date on which this statement is filed.				
MEAD SERVICES, LLC					
It. (Tea)					
	ening Agent				
en C. Lee, Vice President mity:					
Steven C. Le	e				
Typed or Printed Nac	as .				
Vice Presider	ıt				
Capacity	the state of the s				
	Mead Services, LLC Genesis Name of Limited Liability Comp 15979 er, if known was mailed to the above listed limit and the office discontinued on the 3: AEAD SERVICES, LLC Signature of Resignative on C. Lee, Vice President muty: Steven C. Lee Typed or Printed Nam Vice Presider				

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withdrawn limited liability company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)

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