L020000 16630

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, (the undersigned.	
Patricia Lebow, P.A. Name of Registered Agent		hereby resigns as	
	Name of Limited Liability Company	•	
L02000016630			
Document 1	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited	liability company at its last known address.	
The agency is termina	ted and the office discontinued on the 31st	day after the date on which this statement is filed.	
	Signature of Regionin	& Agent chow Tiles	
If signing on behalf of	an entity:		
	PATRICIA LEBOW, P.A.	79	
	Typed or Printed Name	The second secon	
	President		
	Capacity FILING FEES:	TEDO AM 8: 57	
	\$ 85.00 Active limited lia	ability company dissolved/ voluntarily dissolved/	

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

withdrawn limited liability company