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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number: 076077001702 : (407)841-1200 Fax Number : (407) 423-1831

REGISTERED AGENT RESIGNATION

COCONUT PLAZA, LLC

Certificate of Status	0
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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416	(2) or 608.509, Florida State	ites, the undersigned,			
Dean Mead Services, LL	C	, hereby resigns as			
(Name of Registered Ag	ent)	,,			
Registered Agent for Coconut Plaz	za, LLC				
(Name of Li	mited Liability Company)				
L02000030681					
(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 disco	(Signature of Resigning Agent)	r the date on which this sta	itement i	s filed.	
Steven C. L	66				
	Typed or Printed Name) (Capacity)		SECRETARY OF	09 HAR 23 PH	Same of the same o
\$ 85.00 \$ 25.00	Active limited liability or	ompany cd/ voluntarily dissolved/ ity company	STATE	3. 2.	Sec.

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

INHS17 (08/05)