

L030000 39245

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
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DIVISION OF CORPORATIONS

REGISTERED AGENT RESIGNATION

MATRIX NETWORK ORLANDO, 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 Statutes, the undersigned,

Dean Mead Services, LLC

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Matrix Network Orlando, LLC

(Name of Limited Liability Company)

L03000039245

(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.

X 
(Signature of Resigning Agent)

If signing on behalf of an entity:

Robert W. Mead, Jr.

(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withdrawn limited liability company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

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TALLAHASSEE, FLORIDA

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