

L03000045488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Cf \$25.00



500143597855

03/16/09--01034--001 **225.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 16 PM 1:57

FILED

C. LEWIS
MAR 17 2009
EXAMINER

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,

Hickman Harold E, hereby resigns as
(Name of Registered Agent)

Registered Agent for Pace Title Company LLC
(Name of Limited Liability Company)

L03000045488
(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.

[Signature]
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
2009 MAR 16 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

~~\$ 85.00~~
\$ 25.00

Active limited liability company
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withdrawn limited liability company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