

LO4000031048

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ALECO HARALAMBIDES, P.A.
Account Number : I20140000069
Phone : (305) 854-5206
Fax Number : (305) 854-1087

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION
MORPHOSIS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ALECO HARALAMBIDES, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for **MORPHOSIS, LLC**

Name of Limited Liability Company

L04000031048

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 of Resigning Agent

Aleco Haralambides

If signing on behalf of an entity:

Typed or Printed Name

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withdrawn limited liability company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

FNHS17 (2/14)

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