Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:		<u>≥</u> ;
	Division of Corporations Fax Number : (550)617~6383	, -
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From:	Access Name - GRALTON SERVICE	-3 -3;
	Account Name : CARLTON FIELDS Account Number : 076077000355	- E
	Phone : (813)223-7000	
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes,	, the undersigned,
CF REGISTERED AGENT, INC.		, hereby resigns as
Name of Registered Agent		, nereby resigns as
Registered Agent for	MSO PARTNERS, LLC	
	Name of Limited Liability Company	ny .
L04000054979		
Document Nu	nber, if known	
A copy of this resignatio	n was mailed to the above listed limited	I liability company at its last known address.
The agency is terminated If signing on behalf of an	Signature of Resignin	and a statement is file which this statement is file which the statement is file and the statement is statement in the statement in
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	Typed or Printed Name	
•	Secretary	
•	Capacity	
	FILING FEES: \$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limite	ability company dissolved/voluntarily dissolved/ ed liability company

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

Tailahassee, FL 32314

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