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2015 NOV 21 P 4: 07
SECRETARY OF STATE
ALLIAHASSEE, FLORIGA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 1-75 Community Develo	opers, LLC.	Company	
DOCUMENT NUMBER: L0400006	•		_
The enclosed Resignation of Registere for filing.	ed Agent for a Limited	Liability Company and fee	are submitted
Please return all correspondence conce	erning this matter to th	e following:	
Anne Herstol			
Name of Person			
Prince CPA Group			
Name of Firm/Compa	any		
9161 Narcoossee Road Ste 202			
Address			
Orlando, FL 32827			
City/State and Zip Co	ode		
aherstol@princecpagroup.com		j r	7.65 201
E-mail address: (to be used for future an	nual report notification)		2016 NOV 2
For further information concerning thi	•	Z C	NOV 21 F
Anne Herstol	407	823-8230 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the liability company or \$25.00 for an administration company.	he Florida Department	of State for \$85.00 for an a	ctive li n lited

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	n 605.0115	5, Florida Statutes, the undersigned,				
Keith Buescher		, hereby re	esigns as			
Name of Reg	-	t	J			
Registered Agent for I-75 Comm	unity De	velopers, LLC.		_		
N	Name of Limi	ited Liability Company			,	
L04000062859						
Document Number, if know	vn					
A copy of this resignation was mail	ed to the al	bove listed limited liability company	at its last l	cnown ac	idress.	
The agency is terminated and the of	ffice discor	ntinued on the 31st day after the date of	on which	this state	ment is	filed.
Kent	l Bu	Signature of Resigning Agent				
		Signature of Resigning Agent				
If signing on behalf of an entity:						
_ Ke	4h Bu	rescher-				
•	Ту	ped or Printed Name		=		
		Capacity		SEC.	2018 NOV 2	
		Cupucity			35	717
				SS	12	
	FILING	FEES:		L<		in
	\$ 85.00 \$ 25.00	Active limited liability company	rily diese	انت برد. آنانی ماداد	ם.	
	⊅ 23.00	FEES: Active limited liability company Administratively dissolved/ volunta withdrawn limited liability compar	nny uisse iy		€. •÷	-

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