Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONAL REGISTERED AGENTS, INC.

Account Number : I20030000062

Phone : (609)716-0300 Fax Number : (609)716-0820

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION DC703, LLC

Certificate of Status	0		
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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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11/30/2010

HP LASERJET FAX

Dec 01 2010 11:40

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 508.509, F	ionda Statutes, the undersigned,
NRAI Services, Inc.	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for DC703, LLC	
(Name of Limited Liability Comp	eny)
L04000069524	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limite	ed liability company at its last known address.
The agency is terminated and the office discontinued on the 31	Ist day after the date on which this statement is led.
(Signature of Resigning A	Agent)
If signing on behalf of an entity: Ledie Loffon	
	fary 2
(Capacity)	1

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withdrawn limited liability company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

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