Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

; (850) 617-6380

From:

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, Account Name

Account Number: 076077001702 Phone : (407)841-1200 : (407) 423-1831

Fax Number

REGISTERED AGENT RESIGNATION

MONTREAL PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

DAG 00000/99994

Electronic Filing Menu

Corporate Filing Menu

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Stat	utes, the undersigned.	F. 9
Dean Mead Services, LLC	_, hereby resigns as	
(Name of Registered Agent)		12.50
Registered Agent for Montreal Partners, LLC		
		い。
(Name of Limited Liability Company)		
		1. 1.
L04000073081		
(Document Number, if known)		ो स्ट्रेन _म ा
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	er the date on which this sta	tement is filed.
(Signature of Resigning Agent))	
If signing on behalf of an entity:		
Steven C. Lee		
(Typed or Printed Name)		
Vice President		
(Capacity)		

FILING FEES: \$85.00 Activ \$25.00 Admi

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withdrawn limited liability company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

INHS17 (08/05)