L040000075251

Florida Department of State
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TO:
    Division of Corporations
    Fax Number   : (850)617-6380

From:
    Account Name   : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
    Account Number : 076077001702
    Phone   : (407)841-1200
    Fax Number   : (407)423-1831

REGISTERED AGENT RESIGNATION

OLD FLORIDA GROUP, LLC

Certificate of Status	0
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RA Resign. DC

03/30/09

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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 Statutes, the undersigned,

Dean Mead Services, LLC
_____, hereby resigns as
(Name of Registered Agent)

Registered Agent for __Old Florida Group, LLC__

_____
(Name of Limited Liability Company)

L04000075251
(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)

If signing on behalf of an entity:

R. Mason Blake
(Typed or Printed Name)

Vice President
(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         withdrawn limited liability company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

INHS17 (08/05)

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