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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lee Freyer Kennedy Crestview Luc
Name of Limited Liability Company

DOCUMENT NUMBER: L05000014159

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian A. Crumbaker
Name of Person

Hopping Green \$ Sams P.A.
Name of Firm/Company

119 S. Marvoe Street Suite 300

Address

Tallahassee Florida 3730 |
City/State and Zip Code

Brian Cabaskar Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Crumbaker at (\$50) 222-7500

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

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,
Brian Crumbaker Es	, hereby resigns as
Name of Registered Agen	
Registered Agent for Lee Freyer	- Kennedy Crestriew, LLC
Name of Limi	ited Liability Company
LOSOCO 1415C1 Document Number, if known	••••••••••••••••••••••••••••••••••••••
A copy of this resignation was mailed to the a	bove listed limited liability company at its last known address.
The agency is terminated and the office discord	ntinued on the 31st day after the date on which this statement is filed.
	Signature of Resigning Agent
If signing on behalf of an entity:	
Тэ	oped or Printed Name
	Capacity
FILING) \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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
Taliahassee, FL 32314