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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 605.0115, Florida Statutes	, the undersigned,		
Howard W. Gordon		, hereby resigns as		
Name of R	Registered Agent			
Registered Agent for 1481 McI	Donald Ave LLC			
	Name of Limited Liability Compa	лу		
L05000029095				
Document Number, if kn	own			
A copy of this resignation was m	ailed to the above listed limite.	d liability company at its last known address.		
The agency is terminated and the	office discontinued on the 31st lignature of Resign	st day after the date on which this statement is filed.		
If signing on behalf of an entity:	1	5		
	Typed or Printed Name	22		
	Capacity	B 0		
	\$85.00 Active limited \$25.00 Administrative withdrawn lim	liability company ly dissolved/ voluntarily dissolved/ ited liability company		

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

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