(DECOMPO) (20)

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



600278353176

10/27/15--01008--020 **25.00

FILED

15 OCT 27 MIII: 44

SECRETARY OF STATE
TALLAHYSSEE, FLORIDA

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PALLAHASSEE FI MAIE

OCT 2 8 2015 S. YOUNG

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| BUTTERFLY PRO | PERTIES, L | LC | |
|-------------------|--------------------|-------------|----------------------------------|
| | | | |
| | | | Art of Inc. File |
| | | | Officer Search Fictitious Search |
| Signature | | | Fictitious Owner Search |
| oignature . | | | Vehicle Search |
| | | | Driving Record |
| Requested by: BAN | 10/27 | DJ/U | UCC 1 or 3 File |
| | $-\frac{10/27}{5}$ | - <u>PM</u> | — UCC 11 Search |
| Name | Date | Time | UCC 11 Retrieval |
| Walk-In | Will Pick | Un | Courier |

2

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, |
|--|
| Name of Registered Agent |
| Registered Agent for Butterfly troperties CC |
| Name of Limited Liability Company |
| 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: BARBARA Nee 100 10 |
| FILING FEES: \$ 85.00 Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |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