

10/01/2008 13:00 FAX 4074231831
Division of Corporations

DEAN MEAD ORLANDO

0001/002
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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

OLDE FLORIDA, LLC

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**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY TALLAHASSEE, FLORIDA**

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 **Olde Florida, LLC**

(Name of Limited Liability Company)

L05000044637

(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:

Steven C. Lee

(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withdrawn limited liability company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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