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Special Instructions to Filing Officer:		
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Office Use Only



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PA Resign

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## TRANSMITTAL LETTER

Amendment Section Division of Corporations TO:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 409 E. Gaines Street Tallahassee, FL 32399

INDS17(11/02)

FAX No. 407 649 7598

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, tle and (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 less that day after the date on which this statement is filed. If signing on behalf of an entity: (Typed or Printed Name)

(Capacity)

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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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