## L05 0000 67186

(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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## **COVER LETTER**

TO: Registration Section Division of Corporations		;
SUBJECT: 116 Deer Lake Drive, LLC	imited Liability	Company
DOCUMENT NUMBER: L05000067186	inned Elabiniy	
The enclosed Resignation of Registered Agen for filing.	 t for a Limited 	Liability Company and fee are submitted
Please return all correspondence concerning t	l his matter to th l	e following:
Corinne P. McClure, Senior Paralegal		
Name of Person		
McGuireWoods LLP		
Name of Firm/Company		
50 North Laura Street, Suite 3300		
Address	. –	
Jacksonville, FL 32202		
City/State and Zip Code		
cmcclure@mcguirewoods.com		
E-mail address; (to be used for future annual repo	irt notification)	
For further information concerning this matter	r. please call:	
Corinne McClure	904   904	798-3294
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Flori liability company or \$25.00 for an administrat liability company.	da Department ively dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	ET ADDRESS: ution Section n of Corporations Building Recutive Center Circle ssee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	visions of section 605.0115.	Florida Statutes, th	ne undersigned,			
RAX Co.			, hereby resigns as	<b>;</b>		
	Name of Registered Agent	ł .				
Registered Agent fo	n 116 Deer Lake Drive	: LIC				
			,		,	
	Name of Limite	ed L <b>i</b> ability Company				
L05000067186						
Docume	ent Number, if known	_				
A copy of this resig	nation was mailed to the ab	ove listed limited li	iability company at its last	t known addr	ress.	
The agency is termi	inated and the office discont	tinued on the 31st d	lay after the date on which	i this stateme	ent is file	ed
The agency is term						
	Hisa	O. Jaylo Signature of Mesigning	<b>こ</b>	; -	19	
		Signature of Kesigning	Agent	3 •		
If signing on behalf	of an entity:			•	737 TO	
	Lisa O. Taylor				نه) 	•
		oed or Printed Name	<del></del>		; m	
	President		. <u></u>		S - 3	
		Capacity		3*	co	
	FILING F \$ 85.00 \$ 25.00	Active limited liab	pility company dissolved/ voluntarily dis d liability company	solved/		
		e to Florida Departn Division of Corporat P.O. Box 6327 Tallahassee, FL 32				

INHS17 (2/14)