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To:

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From:

Account Name : DEAM, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

Phone Fax Number

(407) 841-1200 : (407) 423-1831

REGISTERED AGENT RESIGNATION

SOUTHAMPTON 192 INVESTMENTS, LLC

Certificate of Status Certified Copy 0 Page Count 01 \$35.00 Estimated Charge

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OCT 2 9 2009

EXAMINER

10/28/2009 13:29 FAX 407 4231831

DEAN MEAD ORLANDO (((H09000229900 3))) Ø 002

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 608.416(2) or 608.5	509, Florida Statut	es, the undersigned,	,	
Dean Mead Services, LLC , hereby resigns as					
. Numo o	T Kogistered Ageni				
Registered Agent for	Southampton 192 Investments, LLC				
	Name of Limited Liability	у Сотрацу	<u> </u>	<u> </u>	
L050000754					
Document Number, if	knowa		•		
A copy of this resignation was a	nailed to the above listed	l limited liability c	ompany at its last k	nown address.	
The agency is terminated and the agency is the agency is terminated and the agency is the	Tylu &	Jawa Resigning Agent	the date on which to	om Bratement is flied,	
	Stephen J.	Bozarth		Ħ	
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	FILING FEES:			FLC FLC	£
	\$85.00 Active (imited liability con	mpany	9: ORI	
	\$ 25,00 Adminis	stratively dissolved wn limited liabilit	d/voluntarily disso y company	Ived/Orni	

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

INHS17 (08/05)