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ACCOUNT Name : DEAN, MEAD, EGERTON, BLCODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

: (407)641-1200

Phone Fax Number

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**Enter the email address for this business entity to be used for future

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Email Address: mfendle@deanmead.com

LLC REGISTERED AGENT RESIGNATION RAINBOW FLORIDA, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT. FOR A LIMITED LIABILITY COMPANY SEE, FLORIDA

Dean Mead Ser	vices, LLC	, hereby resigns as
	Name of Registered Agen	nt
Registered Agent fo	Rainbow Florida, LL	_C
	Name of Limi	ited Liability Company
L05000114798		
Досила	nt Number, if known	
A copy of this resign	nation was mailed to the a	above listed limited liability company at its last known address.
		ntinued on the 31st day after the date on which this statement is filed
	Ву:	Signature of Resigning Agent
If signing on behalf	of an entity:	
	Steven C. Lee	
		yped or Printed Name
	Vice President	
		Capacity
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company
	Make checks payat	ble to Floride Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
INHS17 (2/14)		
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