## LD500011588/

ESA - 320 Piney Cassel ben	Pidge YFL 3	Pd	
, ,	,		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL .	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
	Office Use On	ulv.	



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SECRETARY OF STATE
OF STATE

RA Res.

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida	Statutes, the undersigned,	
Shawntina Jones	5	, hereby resigns as	
	(Name of Registered Agent)	, noted from the	
Registered Agent for	Executive Solutions Associates, LLC		
	(Name of Limited Liability Company)		
L05000115881			
(Document Nu	umber, if known)		
-	tion was mailed to the above listed limited liab ted and the office discontinued on the 31st day  Signature of Resigning Agent)	oility company at its last known address.  y after the date on which this statement is filed.	
If signing on behalf of		O7	
	Shawntina Jones		
	(Typed or Printed Name) resignation (Capacity)	SSEE CE	
		AM 9: 5 F STATE FLORID	

\$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\$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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