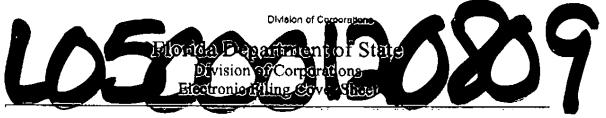
10/31/2019



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

Account Number : 076077001702 Phone

: (407)841-1200

Fax Number : (407)423-1831

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

C	Address:			
rmall.	AUGUESSI			

LLC REGISTERED AGENT RESIGNATI	(OI
<b>DELTONA SUITE 101, LLC</b>	).  -

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

Pursuant to the provisi	ions of section 605,0115, Florida Statutes, the u	mdersigned,		
Dean Mead Service	ces, LLC	, hereby resigns as		
	Name of Registered Agent			
Registered Agent for _				
Deltona Suite 101	, LLC			
	Name of Limited Liability Company			
L05000120809				
Document I	Number, if known			
I he agency is terminal	Dean Mead Services LLC  By:	~		
If signing on behalf of	•	TALLAH O		
	Robert W. Mead, Jr.			
	Typed or Printed Name Vice President of Sole Member			
	Capacity			
	THE INC PERS.	<i>,</i> ,		

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

Active limited liability company
Administratively dissolved/voluntarity dissolved/
withdrawn limited liability company