

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0380

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Account Name : SHUFFIELD LOWMAN
Account Number : 120030000118
Phone : (407)581-9800
Fax Number : (407)581-9801

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07 AUG 17 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

SENIOR DEVELOPMENT, LLC

RECEIVED
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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

William R. Lowman, Jr.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Senior Development, LLC

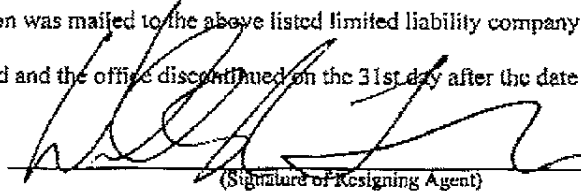
(Name of Limited Liability Company)

L06000000817

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

William R. Lowman, Jr.

(Typed or Printed Name)

Registered Agent

(Capacity)

FILING FEES:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)

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