

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: GREENSPOON MARDER, P.A.

Account Number : 076064003722

Phone

: (407)422-6583

Fax Number

: (954)343-6962

REGISTERED AGENT RESIGNATION

CONDO CONNECTION CENTER, LLC

Certificate of Status	0
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Page Count	01
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Help

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 608.416(2) or 608.50	9, Florida Statutes, the undersigned,
GREGORY J. BLC	DIG	, hereby rosigns as
(Name of	(Registered Agent)	,,
Registered Agent for CONE	OO CONNECTI	ON CENTER, LLC
	(Name of Limited Liability	Company)
L06000054394		
(Document Number, if know	√ π)	
A copy of this resignation was m	nailed to the above listed l	imited liability company at its last known address.
The agency is terminated and the	Bury	ne 31st day after the date on which this statement is filed. Resigning Agent)
If signing on behalf of an entity:		
91	(Typed or Printe	d Name)
process of the factories	(Capacity)	

EULING FEES:
6 85.00 Active limited liability company
6 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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