Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A. Account Number : 076077001702

Account Number: 076077001702 Phone: (407)841-1200 Fax Number: (407)423-1831

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REGISTERED AGENT RESIGNATION

PHILLY DEVELOPMENT, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

SECREMENT SELECTION OF TALLAHASSEE, ORIDINAL ORIDINAL ORIDINAL ORIDINAL ORIDINAL ORIGINAL ORI

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C. LEWIS

MAR - 2 2009

EXAMINER

DEAN MEAD ORLANDO

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RESIGNATION OF REGISTERED AGENT FOR A LAMMIDED E. FLORIDA LIABILITY COMPANY

ursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
Dean Mead Services, LLC , hereby resigns as (Name of Registered Agent)
Registered Agent for Philly Development, LLC
(Name of Limited Liability Company)
_06000073934
(Document Number, if known)
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)
f signing on behalf of an entity:
Stanley A. Gravenmier
(Typed or Printed Name) Vice President
(Capecity)

FILING FEES: \$85.00 Active \$25.00 Admits \$25.00 Admits

Active limited liability company
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withdrawn limited liability company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)