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## Florida Department of State

Division of Corporations
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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

REALTY PARTNERS IV, LLC

REGISTERED AGENT RESIGNATION

APR -4 AM 8: 00
HASSEE FLORIDA

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| 01      |
| \$85.00 |
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08 APR -4 PH 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi | ons of section 608.416         | (2) or 608.509, Florida Stat   | utes, the undersigned, | ,                                    |
|-------------------------|--------------------------------|--|------------------------|--------------------------------------|
| Dean Mead Services, LLC |                                |  | , hereby resigns as    |                                      |
|                         | (Name of Registered Age        | •  | ,,,, <u>.</u>          |                                      |
| Registered Agent for    | Realty Partners IV             | /, LLC   |                        |                                      |
|                         | (Name of Lin                   | nited Liability Company)   |                        | <del>,</del>                         |
| L06000090665            |                                |  |                        |                                      |
| (Document Nu            | mber, if known)                |  |                        |                                      |
| A copy of this resigna  | tion was mailed to the a       | bove listed limited limbility  | company at its last lo | nown address.                        |
| The agency is termina   |                                | ntimed on the 31st day after   | the date on which the  | his stat <del>emen</del> t is filed. |
| If signing on behalf of | an entity:                     |  |                        | 7                                    |
|                         | Alan H. Daniels                | , Esq.   |                        | SE                                   |
|                         | Vice President                 | Typed or Printed Name)   |                        | ORE 1                                |
|                         |                                | (Capacity)   |                        | ARY OF                               |
|                         | FILING<br>\$ 85.00<br>\$ 25.00 | FEES: Active limited liability c Administratively dissolv withdrawn limited liabil | ed/ voluntarily dissol | PM 1:36 OF STATE EFLORIDATE          |

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P.O. Box 6327
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