"KILLGORE PEARLMAN Division of Corporations



Florida Department of State

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From:

Account Name

: KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES

Account Number : 119980000007 Phone:

: (407)425-1020

Fax Number

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REGISTERED AGENT RESIGNATION

INNO-CEPTS EXCHANGE, LLC

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Mark L. Ornstein	, hereby resigns as Reg	gistered Agent f	for .
(Name of Register	ed Agent)		
	Inno-Cepts Exchange, LLC		• •
	(Name of Lumited Liability Company)		
L06000104116			•
(Document Number	, if known)	;	, ,
address. The agency is termi	inated and the office discontinued on the 31st day	y after the date o	on which
this statement is filed.	Mark J Onnstein	· · · · · · · · · · · · · · · · · · ·	
this statement is filed. —— If signing on behalf of an ent			SECRETAR TALLAHASS

FILING FEES: \$85.00 Active limited liability company \$25.00 Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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

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