

Florida Department of State

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Division of Corporations

Fax Number : (850)205-0380

Account Name

: KILLGORE, PEARLMAN, STAMP, ORNSTEIN

Account Number : 119980000007 Phone

: (407)425-1020

Fax Number

(407)835-3635

REGISTERED AGENT RESIGNATION

INNO-CEPTS PEARL, LLC

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisions	of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
Mark L. Ornstein	, hereby resigns as Registered Agent for
(Name of Res	riered Agent)
· · · · · · · · · · · · · · · · · · ·	Inno-Cepts Pearl, LLC
,	(Name of Limited Liability Company)
L06000105426	
. (Document Nu	ter, if known)
A copy of this resignation	was mailed to the above listed limited liability company at its last known
address. The agency is te	minated and the office discontinued on the 31st day after the date on which
this statement is filed.	OF SECRET
	ASSEE TARY
If signing on behalf of an	entity:
	(Typed or Printed Name)
	•
	(Capacity)

\$85.00 Active limited liability company \$25.00 Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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