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Division of Corporations



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The off (((H18000097545;3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Nai(C = E

Account Number : 076077001702 Phone : {407}841-1200

Fax Number : (407)423-1831

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## LLC REGISTERED AGENT RESIGNATION MOOREQUEST, LLC

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(((H18000097545-3)))

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Fl	lorida Statutes, the undersigned,	
Dean Mead Services, LLC	, hereby	regions as
Name of Registered Agent		.4418.44
Registered Agent for		
Moorequest, LLC		
Name of Limited	Liability Company	<del></del>
L07000005786		
Document Number, if known	<b>-</b>	
A copy of this resignation was mailed to the abov	e listed fimited hability company	at its last known address.
The agency is terminated and the office discontinu	ued on the 31st day after the date	on which this statement is filed.
Dean Mead Services, LLC	3	
By:	<u> </u>	2018
( ) (40	nature of Resigning Agent	<b>1 A</b>
If signing on behalf of an entity	<del>(Sp.</del>	2
Laurs Minton Young	· · · · · · · · · · · · · · · · · · ·	
	or Printed Name	
Vice President of Sole Me		<b>-</b> ₩ ₩
C	Capacity	្រី ស៊ី

FILING FEES: \$ 85.00 Active

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company \$ 25,00

Make checks payable to Florida Department of State and mail to: P.O. Box 6327 Tallahassee, FL 32314

INH\$17 (2/14)