#L0700018599

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
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04/18/12--01001--010 **25.00



FILED" 12 APR 17 AM 9:08 SECRETARY OF STATE ALLAMASSEE, FLORID

K. SALY EXAMINER APR 18 2012

D^{2 APR 17} AM 9:08 **RESIGNATION OF REGISTERED AGENT FOR A LIMI** LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

, hereby resigns as (Name of Registered Agent) OLE River, LLC

(A Registered Agent for

(Name of Limited Liability Company)

8599

(Document Number, if known)

A 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)

If signing on behalf of an entity:

pertion the ped or Printed Name)

FILED

<u>FILING FEES:</u> 85.00 Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company 5.00

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