

**L07000039016**

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : A1A REGISTERED AGENT INC.  
Account Number : I20090000032  
Phone : (866) 703-8829  
Fax Number : (561) 202-8082

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**REGISTERED AGENT RESIGNATION**

**NORMAN ASSOCIATES, LLC**

Certificate of Status	0
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*RA Resign.*  
*09-29-09*

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**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
LIABILITY COMPANY**

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

A1A REGISTERED AGENT INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for

NORMAN ASSOCIATES, LLC

Name of Limited Liability Company

L07000039016

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:

TINA MAKI

Typed or Printed Name

PRESIDENT

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability companyMake checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314FILED  
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