

Division of Corporations

1400

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Division of Corporations
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To:

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

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

SECRET

2009 FEB -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

ROSSER GROUP HOLDINGS, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Estimated Charge | \$35.00 |

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EXAMINER

2/2/2009

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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,

DEAN MEAD SERVICES, LLC

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **ROSSER GROUP HOLDINGS, LLC**

(Name of Limited Liability Company)

L07000058891

(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:

Christopher R. D'Amico

(Typed or Printed Name)

Vice President

(Capacity)

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| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |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

INHS17 (08/05)

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