Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name ; Ala REGISTERED AGENT INC.

Account Number ( 120090000032

Phone : (866)703-8828

Fax Number

: (561)202-8082

\*\*Enter the small address for this business entity to be used for future on annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC REGISTERED AGENT RESIGNATION DANCANKO FRACTIONALLIST LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

Electronic Filing Menu

Corporate Filing Menu

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946-11-2010 08:49A FROM:A1A REGISTED AGENT I (561) 202-8052

¹‡ TO: 18506176383

P.2

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	tion 608.416(2) or 608.509, Florida Statules, the undersigned,	
-		
A1A REGIST	ERED AGENT, INC. horoby resigns as	~
Name	Registered Agent.	' '
Registered Agent for	DANCANKO FRACTIONALLIST LLC  Nume of Limited Liability Company	(
	27. 22	
	Name of Limited Liubility Company	
L070001044		
Dominent Number, if	וואיסו	
A copy of this resignation was	sailed 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	
<del></del>	Typed or Printed Name	
	PRESIDENT	
	A	

FILING FEES:

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withdrawn limited liability company

Make checks payable to Piorids Department of State and mail to: Division of Corporations P.O. Box 6327 Tallabassec, Ft. 32314

INHS17 (08/05)

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