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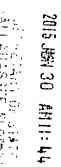
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Certified Copies	Certificate	s of Status			
Special Instructions to Fil	ing Officer:				
Originally filed against #L07000117522 in error on part of this office. Record corrected 03/23/16 mmilligan					





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COVER LETTER *

Division of Corporations	<u>4,</u> 4	. 4	Š
SUBJECT: EXTREME CRAFTS VII LLC Name of Limited Liability Company		_	
DOCUMENT NUMBER: LOCOCII 75 72			
The enclosed Resignation of Registered Agent for a Limited Liability Compositor filing.	any and fee	are submitted	
Please return all correspondence concerning this matter to the following:			
WALTER H. MESSICK Name of Person			
BALVAN MESSICK, LLP Name of Firm/Company			
1900 CORPORATE BLVD. STE 101 WEST Address			
BOCA PATON, FL 3343 (City/State and Zip Code			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
WALTER It, MESSICK at (561) 995-86	368		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Name of Person

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

1,

"TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, I	Florida Statutes, th	e undersigned,			
WALTER 14.	MESSICK, P.	4.	, hereby re	esigns as		
	Name of Registered Agent		,			
Registered Agent for	EXTREME	CRAFTS	VII, 4	L C		
	Name of Limited	Liability Company			,	
Lo 7000 L	umber, if known	_				
A copy of this resignation	on was mailed to the abo	ve listed limited li	ability company	at its last known ac	ldress.	
The agency is terminate	ed and the office disconti	nued on the 31st d	ay after the date	on which this state	ment is file	ed.
	Watter of	la . Mes	Agent	· 100 (100 (100 (100 (100 (100 (100 (100	2015	
If signing on behalf of a				71 % . 71 71 % . 14 7 % .	2015 JEN 30 A	
	WALTE	ER H, ME	SSICK			1
	Туре	d or Printed Name	-	-1	AM II: 44	geren;
		DENT			5 T	"essur"
		Capacity		i di	- F	

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