Division of Corporations

LU PODOO 18168

2001/002

Page 1 of 1

Florida Department of State

Division of Corporations
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Division of Corporations

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Account Name : DEAN, MEAD, EGURTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number | 076077001702 Phone : (407)841-1200

Fax Number

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

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LLC REGISTERED AGENT RESIGNATION 9500 SATELLITE BLVD., LLC

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Help

17

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Sta	tutes, the undersigned,		
Dean Mead Services, LLC			hereby resigns as	
	Name of Registered Agent	-		
Registered Agent for _	9500 Satellite Blvd., LLC			
	Name of Limited Linhility C	oinpany	<u></u>	
L08000018108				
Document N	lumber, if known			
A copy of this resignat	ion was mailed to the above listed li	mited liability company at it	ts last known address.	
The agency is terminat	ed and the office) discontinued on the	e 31st day after the date on v	54.,	
If signing on behalf of an entity: Charles H. Egerton			17 配C 17 配C	
	Typed or Printed	Name	S2 00	
Vice President of Sole Member				
	Capacity		7: 47 7: 47 1.08:10.X	
	FILING FEES: \$85.00 Active lim \$25.00 Administra withdrawi	ited liability company atively dissolved/voluntaril a limited liability company	y dissolved/	

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

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