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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES Account Number : I19980000007 Phone : (407)425-1020 Fax Number : (407)839-3635

\*\*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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#### **COVER LETTER**

#### TO: Registered Section Division of Corporations

SUBJECT: Storefront, LLC DOCUMENT NUMBER: L08000061096

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn Badders Name of Person Killgore Pearlman Stamp Ornstein & Squires, P.A. Fim/Company 2 South Orange Avenue, 5th Floor Address Orlando, FL 32801 City. State & Zip

E-muil address: (to be used for future annual report notification)

For further information concerning this matter, please call Lynn Badders at 407-425-1020.

Sincerely,

Syn Badders

Lynn Badders Legal Assistant

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### STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, Mark L. Ornstein, hereby resigns as Registered Agent for Storefront, LLC, Document Number L08000061096.

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 discentifued on the 31" day after the date on which this statement is filed.

nglein, Registercij Agem

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