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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

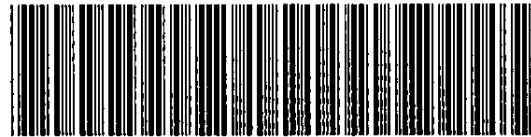
(Business Entity Name)

(Document Number)

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# SHIPLEY LAW FIRM

ATTORNEYS AT LAW  
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MOUNT DORA, FLORIDA 32757-6963

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November 2, 2010

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: LC3 Property Holdings, LLC (the "LLC")  
Document Number: L08000068587

Dear Sir or Madam:

Enclosed for filing is our Resignation of Registered Agent for a Limited Liability Company for the above-referenced LLC. We have also enclosed our check in the amount of \$85.00 to cover the cost associated with our request.

Please call with any questions or comments you may have.

Very truly yours,



Tony Justice, Paralegal

/tj

Enclosures

## 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,

Shipley Law Firm

Name of Registered Agent

, hereby resigns as

Registered Agent for LC3 Property Holdings, LLC

Name of Limited Liability Company

L08000068587

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 J. Shipley, Esq., MBA, CPA

Typed or Printed Name

President

Capacity

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STATE OF FLORIDA

### **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withdrawn limited liability company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**