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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THE LAW OFFICES OF NICK SPADLIN PLLC
Account Number : 120070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

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

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
EXCELVENT, LLC

Certificate of Status	0
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Monday, November 18, 2013

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
Kern

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,

THE LAW OFFICES OF NICK SPRADLIN, PLL, hereby resigns as

Name of Registered Agent

Registered Agent for EXCELVENT, LLC

Name of Limited Liability Company

L08000070607

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:

NICKOLAS J. SPRADLIN

Typed or Printed Name

CEO

Capacity

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)