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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 SPRADLIN PLLC

Account Number: I20070000020

Phone : (813)435-3176

Fax Number : (813)333-6358

\*\*Exter 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 PORTSIDE SERVICES LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

|            | ·  |                                       |                        |
|------------|--|---------------------------------------|------------------------|
| Pursuant   | to the provisions of section 605.0115, Florida Statutes, the undersigned,              |                                       |                        |
|            | AW OFFICES OF NICK SPRADLIN BILLS  |                                       |                        |
| 1116       | Name of Registered Agent   |                                       |                        |
|            | ,  | 2014                                  |                        |
| Registere  | d Agent for PORTSIDE SERVICES LLC  | 7. C                                  | ***                    |
|            |  |                                       | 4181941122<br>p=842122 |
|            | Name of Limited Liability Company  | $\mathbb{R}^{+}$ $\omega$             | j                      |
| 1.000      | 10001015   | 1                                     | 1                      |
| LUBU       | 00091015   | <b>5</b>                              | · · · · ·              |
|            | Document Number, if known  |                                       |                        |
| А сору с   | f this resignation was mailed to the above listed limited liability company a          | · · · · · · · · · · · · · · · · · · · |                        |
| ma         |  |                                       | _                      |
| The ager   | cy is terminated and the office discontinued on the 31st day after the date of         | n which this statement is file        | d.                     |
|            | 1 F  |                                       |                        |
|            | Signature of Resigning Agent   |                                       |                        |
|            | Signature of Resigning Agent   |                                       |                        |
| If signin: | on behalf of an entity:  |                                       |                        |
|            | NICKOLAS J. SPRADLIN   |                                       |                        |
|            | Typed or Printed Name  |                                       |                        |
|            | CEO  |                                       |                        |
|            | Capacity   |                                       |                        |
|            |  |                                       |                        |
|            |  |                                       |                        |
|            | FILING FEES:   |                                       |                        |
| !          | \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ volunta | rily dissolved/                       |                        |
|            | withdrawn limited liability compan   | y                                     |                        |
|            | ,  |                                       |                        |
|            |  |                                       |                        |
|            | Make checks payable to Florida Department of State and m<br>Division of Corporations   | ail to:                               |                        |
|            | P.O. Box 6327  |                                       |                        |
|            | Tallahassee, FL 32314  |                                       |                        |
|            |  |                                       |                        |
| INHS17     | 12/13)   |                                       |                        |
|            |  |                                       |                        |