Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000085523 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

To:

Division of Corporations

Fax Number

2456014

: (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPQUANO & BOZARTH, P.A.

Account Number : 076077001702

: (407)641-1200

Phone Fax Number : (407)423-1831

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

Email Address: mfendle@deanmead.com

## LLC REGISTERED AGENT RESIGNATION 601 W. COLONIAL DRIVE, LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	01		
Estimated Charge	\$25.00		

SJE

31 101

(\*\*\*\* |}

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

04/07/2015 1:52 FAX 4074231831

DEAN MEAD ORLANDO

Ø 002

(((H15000085523 3)))

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

Pursuant to the provisions of section 605.011	5, Florida Statutes, the undersign	ied,		
Dean Mead Services, LLC , hereby resigns as		reinu recions as		
Name of Registered Age		eny reargin as		
Registered Agent for 601 W. Colonial Dr	ve, LLC		<del></del> -	
Name of Lin	ited Liability Company		<del></del>	
L08000099836				
Document Number, if known	*******			
A copy of this resignation was malled to the	bove listed limited liability com	pany at its last known addre	25S.	
The agency is terminated and the office discondinated Bean MEAD SERY  By:		date on which this statemen	nt is fil <b>o</b> d.	
If signing on behalf of an entity:				
Stephen J. Boze	ırth			
7	yped or Printed Name			
Vice President				
	Capacity			
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/v withdrawn limited liability c	ofuntarily dissolved/		JO A PR

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

INHS17 (2/14) 1215755.pdf SECRETARY OF STATE