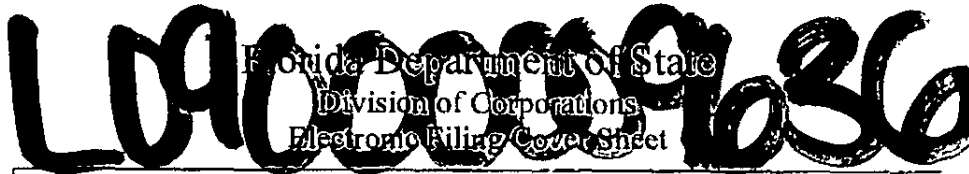


Division of Corporations

Page 1 of 2

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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.

(((H16000206402 3)))



H160002064023ABCV

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

From:

Account Name : CARLTON FIELDS
Account Number : 076077000355
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Fax Number : (813) 229-4133

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**LLC REGISTERED AGENT RESIGNATION
680 MERRICK VIEW OFFICE, LLC**

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

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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,

CF REGISTERED AGENT, INC.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **680 MERRICK VIEW OFFICE, LLC**

Name of Limited Liability Company

L09000009636

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.

Joyce F. Bentubo/kmt

Signature of Resigning Agent

If signing on behalf of an entity:

Joyce F. Bentubo

Typed or Printed Name

Secretary

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

INHS17 (2/14)

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