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Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

Account Number : 076424003301 Phone : (813)223-7474

02-1591/EAA : (813)227-0435 Pax Number

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P.A.

LLC REGISTERED AGENT RESIGNATION VELAZQUEZ PASCO PROFESSIONAL PROPERTIES, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

If signing on behalf of an entity: Typed or Printed Name	liability company at its last known address. day after the date on which this statement is file	Erin Smith Aebel
Name of Limited Liability Company L09000014918 Document Number, if known A copy of this resignation was mailed to the above listed limited liability company at its last known addret the agency is terminated and the office discontinued on the 31st day after the date on which this statement Signature of Resigning Agent If signing on behalf of an entity:	liability company at its last known address. day after the date on which this statement is file and the statement is file	Name of Registered Agent
Name of Limited Liability Company L09000014918 Document Number, if known A copy of this resignation was mailed to the above listed limited liability company at its last known addret the agency is terminated and the office discontinued on the 31st day after the date on which this statement Signature of Resigning Agent If signing on behalf of an entity:	liability company at its last known address. day after the date on which this statement is file and the statement is file	Registered Agent for Velazquez Pasco Professional Properties, LLC
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 access. Signature of Resigning Agent Typed or Printed Name	liability company at its last known address. day after the date on which this statement is file the date of the d	
Document Number, if known A copy of this resignation was mailed to the above listed limited liability company at its last known address agency is terminated and the office discontinued on the 31st day after the date on which this statement are signature of Resigning Agent Signature of Resigning Agent Typed or Printed Name	day after the date on which this statement is fil	Name of Limited Liability Company
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 across Signature of Resigning Agent If signing on behalf of an entity:	day after the date on which this statement is fil	L09000014918
The agency is terminated and the office discontinued on the 31st day after the date on which this statement Signature of Resigning Agent If signing on behalf of an entity:	day after the date on which this statement is fil	Document Number, if known
Signature of Resigning Agent If signing on behalf of an entity: Typed or Printed Name	ng Agent	
Signature of Resigning Agent If signing on behalf of an entity: Typed or Printed Name	ng Agent	The agency is terminated and the office discontinued on the 51st da
If signing on behalf of an entity: Typed or Printed Name	21 MAY 11	
Typed or Printed Name		Erin Smite all
		-
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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

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

INHS17 (2/14)