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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CARLTON FIELDS Account Number: 076077000355 Phone : (813)223-7000 Fax Number : (813)229-4133

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 MERRICK VIEW OFFICE HOLDINGS, LLC

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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 un	idersigned.
CF REGISTERED AGENT, INC	
Name of Registered Agent	thereby resigns as .
Registered Agent for MERRICK VIEW OFFICE HOLDINGS, LLC	
Name of Limited Liability Con.pany	
I.09000014970	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability	ity company at its last known address.
The agency is terminated and the office discontinued on the 31st day at Signature of Resigning Agen	Alur 🚟 🛢
If signing on behalf of an entity: JOYCE F. BENTUBO	
Typed or Printed Name DIRECTOR/SECRETARY Capacity	LED VOF STATE SSEE, FL

Make checks payable to Florida Department of State and mail to: **Division of Corporations**

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327

Tallahassee, FL 32314

INHS17 (2/14)

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