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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PL

Account Number : I20070000020

Phone Fax Number

: (813)435-3176 : (713)429-1276

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

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|-------|----------|--|--|--|--|--|---|---|
|-------|----------|--|--|--|--|--|---|---|

## LLC REGISTERED AGENT RESIGNATION ROMERO ACCOUNTANTS, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

T. CLINE NOV 27 2018

**EXAMINER** 

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

| Pursuant to the provision  | ons of section 605,011 | 15, Florida Statutes, the un   | ndersigned,   |            |             |          |
|----------------------------|------------------------|--|---|------------|-------------|----------|
| THE LAW OFFICE             | OF NICK SPRA           | DLIN   |   |            |             |          |
|                            | , hereby resigns as    | i  |   |            |             |          |
| Registered Agent for R     | ROMERO ACCOL           | INTANTS, LLC   |   |            | <del></del> | <b></b>  |
|                            | Name of Lin            | nited Liability Company  |   |            |             | _1       |
| 1.00000000000              |                        | ,,,  |   |            |             |          |
| L09000022019               |                        |  |   |            |             |          |
| Document Nu                | umber, if known        |  |   |            |             |          |
| A copy of this resignation | on was mailed to the   | above listed limited liabil  | ity company at its last                             | known a    | ıddress.    |          |
| The agency is terminated   | d and the office disco | ontinued on the 31st day a   | fter the date on which                              | this state | ement is    | s filed. |
|                            |                        | <b>/</b>   |   |            |             |          |
|                            | //                     | 60   |   |            |             |          |
|                            |                        | Signature of Resigning Ager  | N.  |            |             |          |
| If signing on behalf of a  | n entity:              |  |   | 20 gr      | 22          |          |
|                            | NICKOLAS J. S          | PRADLIN, ESQ.  |   | H          | 92 AON MIC  |          |
|                            |                        | yped or Printed Name   |   | SE         | <b>¥</b> 2  |          |
|                            | CEO                    |  |   | SE :       | 0           |          |
|                            |                        | Capacity   |   | 근육         | <b>&gt;</b> | 1.       |
|                            |                        |  |   | 15.        | AM 11: 08   |          |
|                            |                        |  |   | CORID)     | : 0         |          |
|                            | FILING                 | FEES:  |   |            | <b>∞</b>    |          |
|                            | \$ 85.00<br>\$ 25.00   | Active limited liability<br>Administratively disso<br>withdrawn limited liab | -company<br>lved/voluntarily diss<br>pility company | oived/     |             |          |

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