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Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176

Fax Number : (813)333-6358

**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 2130-2132 ZAHARIHAS DR. LLC

| Certificate of Status | 0 |
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| Estimated Charge | \$25.00 |

Electronic Filing Menu

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T. HAMPTON

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, | |
|--|---------------|
| THE LAV/ OFFICES OF SPRADLIN, PLLC , hereby resigns as | |
| Name of Registered Agent | |
| Registered Agent for 2130-2132 ZAHARIHAS DR. LLC | |
| No. of the later o | |
| Name of Limited Liability Company | |
| 09000036508 | |
| 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 fi | led. |
| R-F | |
| Signature of Resigning Agent f signing on behalf of an entity: | |
| NICKOLAS J. SPRADLIN | |
| Typed or Printed Name | |
| CEO | |
| Capacity Capacity ACREA HAR ARE TAKEN TO A SECONDARY FILING FEES: \$85.00 Active limited liability company | 71 = 71 |
| | |
| Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 | |

Tallahassee, FL 32314