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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DEAN QUICK MART, CCC Name of Limited Liability Company DOCUMENT NUMBER: L 1 99 9 8 8 8 8 1
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JEREMY THAKURDEN Name of Person
Not Applicative (ccose) Name of Firm/Company
Address 1192
WINDERMERE FL. 14786 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JENEMY THAKURDON at (467, 285 - 4657) Name of Person Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
MAILING ADDRESS: Registration Section Division of Corporations STREET ADDRESS: Registration Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0	0115, Florida Statute	es, the undersign	ned,	
_ Jenemy	THAKU	INDIN	. her	reby resigns as	
N	ame of Registered	Agent	······································	ooy realgan as	
Registered Agent for	DEAN	QUICK	MART,	uc	
	Name of	Limited Liability Comp	any		_,
	øøøø	6851			
Document Numb	er, if known				
A copy of this resignation	was mailed to t	he above listed limit	ted liability com	pany at its last known address	s.
The agency is terminated a	ınd the office di	iscontinued on the 3	1st day after the	date on which this statement	is filed.
	4	V	>		
-	-1	Signature of Resignature	ming A cent		
		/ Signature of Resig	Rinig Agent		
If signing on behalf of an e	entity:			ASS E	
_		Typed or Printed Nan	ne	29	
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	\$ 85.0 \$ 25.0	NG FEES: 00 Active limited 00 Administrativ withdrawn lin	l liability comp ely dissolved/v mited liability c	any voluntarily dissolved/ company	

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