

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name

: CALANDRINO LAW FIRM

Account Number: I20090000062

Phone Fax Number : (407)621-4200 : (407)621-4210

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

-Email Address: COCOCCATIONS OF

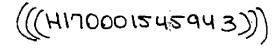
LLC REGISTERED AGENT RESIGNATION THE ALEXAN GROUP LLC

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Electronic Filing Menu

Corporate Filing Menu



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
Assured Compliance Services, UC, hereby resigns as Name of Registered Agent	
Registered Agent for The Alexan Group LLC	
Name of Limited Liability Company	
_\COOOS2_787 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 file	xd.
Signature of Resigning Agent	Towers Towers
f signing on behalf of an entity: Power K. Canadamo Typed or Printed Name	
Typed or Printed Name Manager Capacity	
FILING FEES: \$85.00 Active limited liability company \$25.00 Administratively discolved/yellynterily discolved/	

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

withdrawn limited liability company

Tallahassee, FL 32314

INHS17 (2/14)

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