

01/30/2014 1:50 PM 407-238-831

Division of Corporations

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

1 of 1

# L10000066357

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000023855 3)))



H140000238553ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

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

Email Address: mfendle@deanmead.com

LLC REGISTERED AGENT RESIGNATION  
DONIPHAN MHP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

CHE

RECEIVED  
14 JAN 30 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2014 JAN 30 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

JAN 31 2013

T. HAMPTON

(((H14000023855 3)))

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**DEAN MEAD SERVICES, LLC**

Name of Registered Agent

, hereby resigns as

Registered Agent for **DONIPHAN MHP, LLC**

Name of Limited Liability Company

**L10000066351**

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 filed.

Signature of Resigning Agent

If signing on behalf of an entity:

**DEAN MEAD SERVICES, LLC**By: **Charles H. Egerton**

Typed or Printed Name

**Vice President**

Capacity

**FILING FEES:**

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

INHS17 (12/13)

**FILED**  
2014 JAN 30 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H14000023855 3)))