CARLTON FIELDS H22000319847 3 Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : CARLTON FIELDS Account Number : 076077000355 Phone : (813)223-7000 Fax Number : (813)229-4133

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

robert.haley@lsfnet.org Email Address:\_\_\_

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## LLC REGISTERED AGENT RESIGNATION LUTHERAN NON-PROFIT MANAGEMENT SERVICES, LE

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

Pursuant to the provisions of so	ction 605.0115, F	lorida Statutes, the undersign	acd,		
CF REGISTERED AGENT, INC. , hereby resigns as					
Name o	FRogistered Agent	•			
Registered Agent for LUTHERA	AN NON-PROFIT	MANAGEMENT SERVICES	, LLC		
· · ·			***		
	Name of Limited	Liability Company			.3
L10000085504					
Document Number, if)	mown	_			
A copy of this resignation was n	nailed to the abov	c listed limited liability com	pany at its last known i	addr <del>e</del> ss.	
The agency is terminated and th	- Mu	ued on the 31st day after the	date on which this stat	ement is	filed.
If signing on behalf of an emity:  Joyce F	Hentubo			2022 SEP	
		or Printed Name		SEF	A
Secreta	ry/Director			<u>.</u>	
	C	apacity.		AH	ROVE ND ROVE
	FILING FEI \$ 85.00 Ac \$ 25.00 Ac	ES: ctive limited liability compared violation of the compared violati	ny oluntarily dissolved/	1:01	Ċ

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

withdrawn limited liability company