

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, TINC

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LLC REGISTERED AGENT RESIGNATION MT. DORA VILLAS, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 605.0115, Florida Sta	atutes, the undersigned,	
Capitol Corp	orate Services, Inc.	, hereby resigns as	
Name o	f Registered Agent		
Registered Agent for	MT. DO	ORA VILLAS, LLC	
	Name of th	ne Limited Liability Company	<u>- </u>
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Document Number, if I	cown		
	ne office discontinued on the	limited liability company at its last kn	is statement is filed.
If signing on behalf of an entity		Kesigning Agent	2016 JUN 15 AE NAMES
	Jason Fis Typed or Printed		
	Assistant Se		题 _ m
	Capacity	<u>oracary</u>	M 9: 09
	\$ 25.00 Administra	nited liability company atively dissolved/voluntarily dissolv n limited liability company	red/

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

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