L10000094656	
(Requestor's Name) (Address) (Address)	400252805754
(City/State/Zip/Phone #)	10/21/1301057008 **85.00
Certified Copies Certificates of Status	FILED 2013 DOT 21 PH 1: 13 SECRETIARY OF STATE FALLAHASSEE, FLORIDA
Office Use Only	OCT 2 2 2013 T. HAMPTON



CT Corporation

111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctcorporation.com

October 10, 2013

RE: XENTRIST SERVICES, LLC (I

(FL. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$85.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

, hereby resigns as

(Name of Registered Agent)

Registered Agent for _____XENTRIST SERVICES, LLC (FL. DOM.)

(Name of Limited Liability Company)

L10000094656

(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:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name) ASSISTANT SECRETARY

(Capacity)

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withdrawn limited liability company

SECRETARY OF	2013 OCT 2 1
E. FLORIDA	PM 1: 13

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