Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : DEAN, MEAD, EGERTON, BLCODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

Phone

: (407)B41-1200

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 MW ARGYLL, LLC

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Electronic Filing Menu

Corporate Filing Menu

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DEAN MEAD ORLANDO

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STATEMENT OF RESIGNATION OF REGISTERED AGENT OF STATE FOR A LIMITED LIABILITY COMPANY OF STATE AND SEE. FLORIDA

	The standard of the standard o
Pursuant to the provisions of section 605.0115, Florida Statute	es, the undersigned,
Dean Mead Services, LLC	, hereby тезідля as
Nume of Registered Agent	
Registered Agent for MW Argyll, LLC	
Name of Limited Liability Com	pany
L11000029617	
Document Number, if known	
A copy of this resignation was mailed to the above listed limit	•
The agency is terminated and the office discontinued on the 3 DEAN MEAD SERVICES, LLC	ilst day after the date on which this statement is filed
By: It I Lea	
Signature of Res	igning Agent
If signing on behalf of an entity:	
Steven C. Lee	
Typed or Printed Na	me
Vice President	
Capacity	
\$ 25.00 Administrati	ed liability company vely dissolved/ imited liability company
Make checks payable to Florida De Division of Co P.O. Box Tallabassee, l	rporations 6327

INHS17 (2/14)

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