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.

(((H15000219141 3)))



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: lperryman@deanmead.com

LLC REGISTERED AGENT RESIGNATION SYNERGY MARKETING SPECIALISTS, LLC

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

Electronic Filing Menu

https://efile.sunblz.org/acripts/efilcovr.exe

Corporate Filing Menu

Page 1 of 1

SEP 1 4 2015

SEP 1 4 2015

3 MASON

(((H15000219141 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	5, Florida Statutes, the under	signed,		
Dean, Mead & Bovay			, hereby resigns as		
	Name of Registered Agen	1	, nercoy resigns	, as	
Registered Agent for			·		
Synergy Marketing	Specialists, LLC				
	Name of Lim	tod Lisbility Company			_
L11000071724				•	
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the a	bove listed limited liability	company at its l	last known addre	ss.
The agency is terminated		ntinued on the 31st day after II. Vice President and Treasur C T T T T T T T T T T T T T T T T T T T		nich this statemen	t is filed.
If signing on behalf of a	n entity:				
-	Dean, Mead, Eg	erton, Bloodworth, et a	I., P.A.		
		yped or Printed Name			
	Owner	-1			
		Capacity			
	FILING \$ 85.00 \$ 25.00 Make checks payah	FEES: Active limited liability of Administratively dissolve withdrawn limited liability of the to Florida Department of Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ed/voluntarily ity company		
INHS17 (2/14)				ratio	
1297362.PDF				2015 SEP 11 SECRETARY O SALLAHASSEE	