Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052 Phone : (302)531-0855

Fax Number : (850)656-7953

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

Email Address:

LLC REGISTERED AGENT RESIGNATION CONTIN 1007 LLC

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Corporate Filing Menu

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P.O. Box 6327

Tallahassee, FL 32314

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COVER LETTER

TO:	Amendment Section Division of Corporations				
	`	Limited Liability	Company)		
DOC	UMENT NUMBER: L12000039676				
The enfor fill	nclosed Resignation of Registered Age ing.	nt for a Limited	Liability Company a	and fee are submitted	
Please	return all correspondence concerning	this matter to th	e following:		
EDIE	WHITEBREAD (Name of Person)				
INC	ORPORATING SERVICES, LTI (Name of Firm/Company)	D			
3500	S. DUPONT HWY				
	(Address)			291 FAS	
DOV	ER, DE 19901 (City/State and Zip Code)			2013 JUL SECRETA	
Fọr fu	orther information concerning this matter	er, please call:		SSEE IZ	-
EDIE	WHITEBREAD (Name of Person)		531-0855 & Daytime Telephone	F ST C	
liabili	sed is a check made payable to the Flor ty company or \$25.00 for an administrated liability company.	rida Department atively dissolve	t of State for \$85.00 td, voluntarily dissolv	for an active limited red or withdrawn	
	LING ADDRESS:	_	T ADDRESS:		
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2661 Executive Center Circle

Clifton Building

200 6

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida S	statutes, the undersigned,
INCORPORATING SERVICES, LTD.	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for CONTIN 1007 LLC	
(Name of Limited Liability Company)	
L12000039676	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limited liabil. The agency is terminated and the office discontinued on the 31st day of (Signature of Resigning Agency).	after the date on which this statement is filed.
If signing on behalf of an entity: WANDA Y. BLANKENSHIP (Typed or Printed Name) ASSISTANT SECRETARY (Capacity)	3 JUL 12 MI 08 19 LAHASSEE, ELORIDA

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

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