L/2000/16884

(Re	equestor's Name)
(AC	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
ž.	Office Use Only



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10/14

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		•	4 OCT 20 PH	
Pursuant to the provisions	of section 605.0115, Florida Statutes, the	undersigned,	表 7	\equiv
BRIAN E. LANGFORD		, hereby resigns as	SET	FILED
Name of Registered Agent		,		
Registered Agent for	REST PASCO, LLC		95	
			DE A	ب.
•	Name of Limited Liability Company	,	,	_
L12000116884				
Document Numb	per, if known			•
A copy of this resignation	was mailed to the above listed limited liab	pility company at its last	known address	3.
The agency is terminated a	and the office discontinued on the 31st day Signature of Resigning Al		this statement	is filed.
If signing on behalf of an e	entity:			
<u></u>	Typed or Printed Name			
_	Capacity			

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withdrawn limited liability company \$ 85.00 \$ 25.00

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