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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:			-	<b>A</b>
	Account Name	: DEAN, MEAD, EGERTON, BLOODWORTH,	CAPOUANO	BOZARTI
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	Phone	: (407)841-1200	<i>-</i>	N)
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## LLC REGISTERED AGENT RESIGNATION CAMPUS BLOCK FSU, LLC

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115,	, Florida Statutes, the undersigned,
Dean Mead Services, LLC	, hereby resigns as
Name of Registered Agent	
Registered Agent for Campus Block FSt	J, LLC
	ed Liability Company
L12000131855	
Document Number, if known	<del>_</del>
Dean Mead Service	tinued on the 31st day after the date on which this statement is filed es. LLC  Signature of Rasigning Agent
Charles H. Egerton	As The second se
	ned or Printed Name
Vice President of S	Capacity
FILING 1 \$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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