Florida Department of State

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LLC REGISTERED AGENT RESIGNATION LEYLAND & LEYLAND LLC

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Corporate Filing Menu

HOSP WARREN
JUN 2 9 2017

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Sta	tutes, the undersigned,	
SUPERBIZ REG	ISTERED AGENT, INC.	, hereby res	signs as
	Name of Registered Agent	,,	
Registered Agent for	LEYLAND & LEYLAND LLC		
	Name of Limited Liability Co	ompany	
L13000034537		,	
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If signing on behalf of	an entity:		
	Paul Smith	,	FIL JUN 28 JAL JARVI AHASSI
	Typed or Printed	Name	
	President		چرے اسسم
	Capacity		9: 37 TATE ORIDA

FILING FEES:

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withdrawn limited liability company \$ 85.00 \$ 25.00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

INHS17 (2/14)