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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTE, P.A.

Account Number : 076077001702 ?hone : (407)841-1200 Fax Number : (407)423-1831

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mfendle@deaumead.com Empil Address:

## LLC REGISTERED AGENT RESIGNATION SURE-LEY CAPITAL INVESTMENTS, LLC

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DEAN MEAD ORLANDO

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

		15, Florida Statutes, the	undersigned,	
Dean Mead Servi			hereby resigns as	•
	Name of Registered Ago			
Registered Agent for	Sure-Lay Capital II	nvestments, LLC		<del></del>
	Name of Lin	nited Liability Company		<del></del>
L13000087898	•			
Document I	Number, if lawwn	<del></del>		
A copy of this resignat	tion was mailed to the	above listed limited liab	ility company at its last known a	ddress.
The agency is termina:	DEATH AD SER	ontinued on the 31st day VICES, IJ.C Signstare of Resigning Ag	after the date on which this star	ement is filed.
If signing on behalf of	an entity:			
- 7	R. Mason Blake	:		<u>Æ</u> 55
		Typed or Printed Name		FE A¥E
	Vice President			EB I
		Capacity		FILE FILE IO A ARY O SSEE,
	FILING \$ 85.00 \$ 25.00		ty company olved/ voluntarily dissolved/ ability company	AM 8: 57 OF STATE E, FLORIDA
	Make cheeks payal	ble to Florida Departmen Division of Corporation P.O. Box 6327		

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Tallahassee, FL 32314