

Division of Corporations

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**L13000073827**

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 : CARLTON FIELDS  
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Fax Number : (813) 229-4133

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

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**LLC REGISTERED AGENT RESIGNATION**  
**650 LOMOND DRIVE, LLC**

Certificate of Status	0
Certified Copy	0
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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,

**CF REGISTERED AGENT, INC.**

, hereby resigns as

Name of Registered Agent

Registered Agent for **650 LOMOND DRIVE, LLC**

Name of Limited Liability Company

**L13000093827**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

**Joyce R. Bentubo**

Typed or Printed Name

**Secretary**

Capacity

DIVISION OF CORPORATIONS

17 JAN 13 AM 8:40

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**FILING FEES:**

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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