

**Division of Corporations** 

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#### Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-5383

From:

Account Name : CARLION FIELDS Account Number : 075077000355 Fhome : (813)223-7000 Fax Number : (813)229-4133

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Email Address:\_\_\_





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12/16/2014 09:28 FAX

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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	RA,	LLÇ	

	, hereby resigns as	, ,	
Marro of Regbased Agein		Ĕ	A H
Registered Agent for CONSISTEM LLC			ATAT SATAT
Name of Limited Lisbility Compar	τγ	<u>A</u>	SEE.F
L13000112025		ll: 06	STATE
Document Number, if known		-	Þ.

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 313 day after the date on which this statement is filed.

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If signing on behalf of an ently

Yoyce F. Bentubo

Typed or Printed Name

Secretary

Capacity

#### IN DAY 5.00

- 3	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Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

Tallabusses, FL 32314

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