L1300135a96

Barbi Q12C 8927 Harling Rd TROKSONVILLE FL 32210 (City/State/Zip/Phone #)						
(only-out-lip) Hone #)						
PICK-UP WAIT MAIL						
(Pusings Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:	\neg					
Special instructions to Filing Officer:						
	ł					

Office Use Only



400260095934

05/19/14--01007--029 **85.00

SECRETARY OF SIMIL

JUN 02 2015
T. LEMIEUS

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	f section 605.0115, Flori	da Statutes, the unders	signed,		
LISA L ROW,	tree	,	hereby resigns as		
Na	me of Registered Agent	· · · · · · · · · · · · · · · · · · ·	, ,		
Registered Agent for <u>B</u>	pebi Q LL	<u>C</u>			
	Name of Limited Lial	bility Company			
		·····, ······	0	2014 SCC	
L 1300013 Document Number			LAHASS	高	Contract of the Contract of th
A copy of this resignation v	vas mailed to the above li	isted limited liability c	company at its last	· 1	ress.]
The agency is terminated ar	nd the office discontinues	Lon the 31st day after	the date on which	i this statem	ent is filed
X	JKAJ.	ure of Resigning Agent		0 10	
If signing on behalf of an er	ntity:				
	Typed or l	Printed Name	····		
	Сара	city			

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withdrawn limited liability company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