Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number : 074677301117 : (305)372-1350 Phone (305) 372-1352 Fax Number

\*\*Enter the email address for this business entity to be used for futur. The annual report mailings. Fotor poly for any annual report mailings. annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT RESIGNATION ICE PALACE PARTNERS, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Monu-

Help

Pursuant to the provision	s of section 605.0115	, Florida Statutes, th	ne undersigned.	
Alan W. Levine , hereby resigns as				
	Name of Registered Agen			
Registered Agent for LC	Palace Partners	, LLC		<del></del>
	Name of Limi	ted Liability Company		
L13000147056				
Document Nu	nber, if known			
A copy of this resignation	n was mailed to the a	bove listed limited l	lability company at its las	st known address.
The agency is terminated	and the office discor	Signature of Resigning	day after the date on whic	th this statement is filed.
If signing on behalf of a	i entity:			2019 SEC T/
•	7	yred or Printed Name		MI9 JUL 18 SECRETAR' TALLAHA
		Capacity		<b>98</b> 40 A
	FILING \$ 85.00 \$ 25.00	Active limited lia Administratively	ability company dissolved/ voluntarily di ed liability company	1:29 STATE

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314